MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

e. IS RESIDENCE

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Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO D

> > (State)

DATE SIGNED

(State)

Days

(County)

ON A FARM? YES T NO T

Year

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ow requires that the death certificate be executed within 24 hours after death. Page	been signed by the attending physician and campletely first in by the funeral director, transit permit. Then please remove captern appears. Page 1 and 2 should be Arted with all any event within 72 hours ofter death.
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MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
	Items 5.6.7 FilmG231 7-9-58 et	

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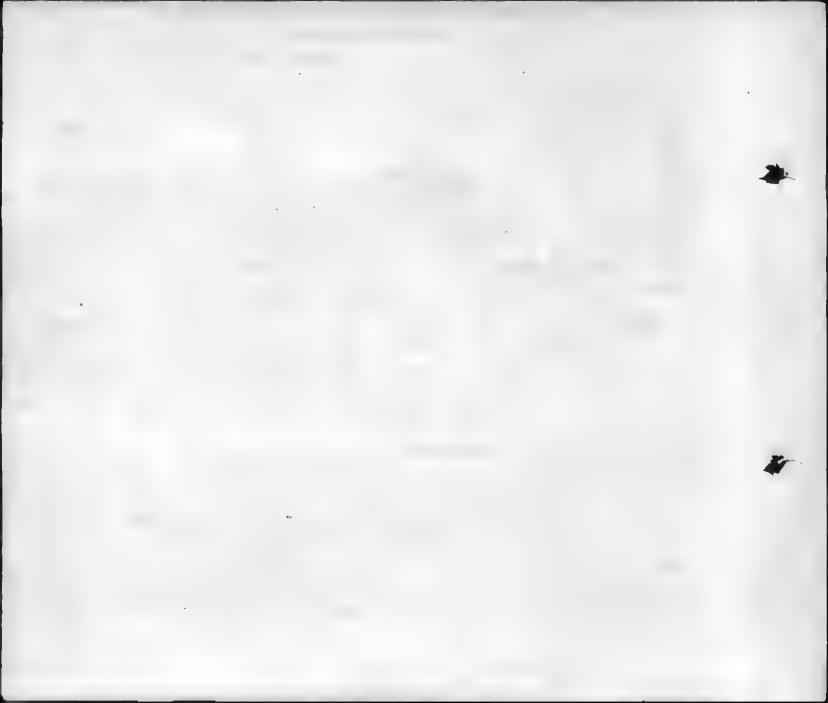
CERTIFICATE OF DEATH Rea, Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE M.A. b. COUNTY P. (T.) 1. PLACE OF DEATH o. COUNTY Prince Georges MARYLAND b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) RURAL and give nearest lawn Lanham 8 yrs d, NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION R ON A FARM? 1 Box 156 Rt. 1 Box 156 YES NO P NAME OF 3 First Middle Last 4. DATE DECEASED 58 (Type or prinGLARA BINGHAM ARLEDGE DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Oct 14, 1889 WIDOWED T DIVORCED T Female White 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) own home Illinois U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lewis L. Sutherland Clara Mosley 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address The no. or unknown) arthur E. Arlegge Lanham Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a). (b). and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ovascular accedent DHE TO Canditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Haur a. m. While Nat while at wark at wark 21. I certify that I attended the deceased from 195/ to 1956 that I last sow the deceased alive on and that death occurred at_____ _M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURI PHYSICIAN'S Julius Kauffman Bladensburg, Md. NAME (Type) 22a. Bushit, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REVIEWAL (Specify) Fort Lincoln Colmar Manor Md . Cremation 4759 Baltimore Ave 240, REC'ON REGISTRAID 246, MEGISTIANS SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE Francis Gasch8 s Sons Hyattsville Md.

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		83	113	CERTI	FICA	ATE OF DEATH	1		Reg. Dist)824 .No.	11	
	PLACE OF DEATH COUNTY	rince George	1g	MARY	LAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE Virginia						
	b. CITY OR TOWN	(If outside corporate limit	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If a	utside carpo	rate fimits, write RL	JRAL and giv	re neorest t	own)	
Villa Heights Md 6 months						Staunton	Virgi	inia	,			
	OR INSTITUTION	oth s venue	ve street	address)		d street ADDRESS Walnut St	reet			01	RESIDENCE N A FARM? NO.	
	NAME OF DECEASED (Type or print)	fin Mar	tha .	Ann Armen		t last	4. DATE OF DEATH	Mani	Ju ly]	Doy	Year 19 58	
S.	sex female	6. COLOR OR RACE white	7. MARI	RIED NEVER MARRI		B. DATE OF BIRTH June 26, 187	3	9. AGE (In years last than)		YEAR IF U	NDER 24 HRS	
10c	during digit of we HUSE	ION (Give kind of work of rking life, even if retired)	ane 10b	KIND OF BUSINESS COWN home	OR INDU	STRY 11. BIRTHPLACE (Slote Virginia	or foreign co	ountry)	U S		AT COUNTRY?	
13.	FATHER'S NAME	ohnathan Wan	pler			14 MOTHER'S MAIDEN N	Funk					
	WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO		NFORMANT		Addr		37.3		
		no		none	I	rvin L Arment	rout	Villa H	eignts	Ma.		
				ine for (a), (b), and (c) Circles Circles	P	Ian a	lue	ale I		ONSET A	BETWEEN NO DEATH	
	cause (a), stating	the under-										
CERTIFICATION				CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMI	NAL DISEASI	E CONDITION GIV	EN IN PART	PE	AS AUTOPSY REORMED?	
	OR CONTRIBUTION	VAS UNDERLYING THE CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D (Enter nature of injury in t	Part I or Pari	! II of item 18)				
MEDICAL	20c. TIME OF INJU Hour a.m. p. m.	10	While			ACE OF INJURY (Home, farm clary, street, affice bldg., etc		or lawn)	(Co	unty)	(State)	
	21. I certify to alive an actual signature. PHYSICIAN'S NAME (Typo)	that, I attended the	deceas _, 19	,-(/ V	death	1954, to 7 10 occurred at 7'07 10 C / 6			nd an the		he deceased toted abave. DATE SIGNED	
70	RURIAL, CREMATI	ON 726. DATE THEREO	Fg	Linry C	Z	eral form	22d LOCA	TION IC ty, lawn, c	or county)	ار	Stale)	
23	FUNERAL DIRECTO	A'S SIGNATURE	Lya	Landless;	2 1	240. REC'	D BY REGIST	11 3	TRAR'S SICT	HATURE		



HEALTH DEPT.

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5000	execute the certificate, writing the word, pending in pencil in them 18. Give Pages 1, 2, and 3 to the funeral director. Pag	ined for your files	0.0	
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)	OXO	4 5	TO FUNERAL DIRECTOR: Page 3 sh	ar its designated agent, priar to build!, cremation, ar removal, and in any premovithin
5	A	15/	ME	
5.	M.S	2/5	7	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8256 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

			Keg. DIS	1. 140.
1. PLACE OF DEATH			2 USUAL RESIDENCE (Where deceased lived. If institution, Residen	
	Prince Georges	MARYLAND	o STATE Maryland b COUNTY Pr.	Geo.
b. CITY OR TOWN and give negrest by	Dif nots de corporate limits, write EUPAI	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outs de carporale limits, write RURAL and s	give necrest town)
	verly	D.O.A.	Bladensburg	
	The second secon	in hospital, give street address)	d STREET ADDRESS	e IS RESIDENCE
Prince Ge	orges:General	Hospital	4205 53rd Street Ave.	YES NO
3. NAME OF DECEASED	First	Middle	Last 4. DATE Month	Day Year
(Type or print)	John	Lee Auguste	DEATH JULY	19 58
5. SEX	6 COLOR OR RACE 7. N	ARRIED NEVER MARRIED B	DATE OF BIRTH 9 AGE Hn years IFUNDER I	YEAR IF UNDER 24 HRS
Male	white WID	OWED DIVORCED	1-8-01 log b ribdoy) Months D	Pays Hours Min.
10a USUAL OCCUPAT	ION (Give kind of work done	106 KIND OF BUSINESS OR INDUST		EN OF WHAT COUNTRY?
during most of work	ing life, even if retired)	Railway Express		J.S.A.
13. FATHER'S NAME			14 MOTHER'S MAIDEN NAME	
	George August	•	Dora Adams	
15. WAS DECEASED E	VER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 117. IN	FORMANT Address	
(Vet, no, or unknown)	(If yes, give war as dates of service)		hn L. Auguste, Jr. Silver Hill,	€∂
10 CALIES OF DE	ATH [Enter only one cause per		III De Yellen ond ore priver straigh	I INTERVAL BETWEEN
	ATH WAS CAUSED BY	Strangulati	on.	ONSET AND DEATH
	IMMEDIATE CAUSE (a)			
- /X	DUE TO	Hanging		
Conditions, if		ment Prof		
(a), stating the				
cause last.	(c)	The second secon		
Z PART II. O'	THER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(e) 19, WAS AUTOPSY PERFORMED?
3				YES NO NO
PART II. O' 200. EXTERNAL CAUSE OF DEATH	AUSE WAS 206 DES	SCRIBE HOW INJURY OCCURRED (E	iter nature of injury in Part I or Part II of Item 18.)	
		Hanging		
3 20c. TIME OF INJ	URY Month, Doy, Year	20d INJURY OCCURRED 20e PLAC	E OF INJURY (Home, form, 120f (City or fown) (Count	ity) (Stole)
20c. TIME OF INJ	+ 7-17 19 58		ry, street, office bldg., etc.) Badensburg. Pr.	Geo. Md.
		the remains described above		
			The second secon	
opinion dean	resulted from: Matu	rol couses [, Accident [J, Suicide III, Homicide III, Undetermined me	onner 📋
ACTUAL /	4 Jun 3 7201	- Un- 111	CHEF AIRMONI PROMINING	DATE SIGNED
SIGNATURE	111111111111111111111111111111111111111	approxy-	_M.D. CHIEF MEDICAL EXAMINER	
EXAMINER'S NAME (Type)	John T. Malone	W. M.D.	ASSISTANT MEDICAL EXAMINER JULY 17. 1	958
	ON TOOL DATE THEREOF	22c NAME OF CEMETERY OR	The second secon	
E WOYAL (SPORT		Ft. LIN	Pr. Geo. Co.	M(5'010)
23 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS STORY	4 S = 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGN	MATURE
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

2211

Si .) 001.2			Reg. Dis	
_/	1. PLACE OF DEATH		2. USUAL RESIDENCE	E (HOME) OF DECEASE	ED
	COUNTY Prince George	MARYLAND	STATE Md.	COUNTY Princ	e George
i.B	CITY (It outside corporate limits, write RURAL) OR and give naerest town)	LENGTH OF STAY (In this place)	CITY (if outside corporete	limits, write RURAL and give ne	serest town)
4	TOWN Laurel (rural)	12 yrs		(rural)	
_	HOSPITAL OR		STREET ADDRESS	(If rurel give location)
	STREET ADDRESS		Contee Villa		
	3. NAME OF (First) (M	(rddle)	(Lest)	4. DATE (Month)	(Dey) (Yeer)
	(Type or Print) Walter O. Baldwin				14, 1958 19
7	5. SEX 6. COLOR OR 7. SINGLE, MARRIED WIDOWED, DIVO	ORCED, BODATE O	1	AGE lest birthdey IF UNDS	ER 1 YEAR IF UNDER 24 HRS.
	Hale White Married	Octa	lev 11 1901	5 67 YEL	
	done during most of working life, even if // OR,II	OF BUSINESS NDUSTRY	II. BIRTHPLACE (State or foreign	country) 1	12. CITIZEN OF WHAT COUNTRY?
	retired Manager asfel	elt [lent]	Laurel, Md.	1	U.S.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	WE	
	Dr. T. M. Baldwin 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	Lula Vogts	nree.	
	(Yes, no, or unk.) (If Yes, give wer or detes of service)	25-10-250	2 7/1 C/	is PR	1. Laurel
		18. MEDICAL CER	TIFICATION	see 1. tals	INTERVAL BETWEEN
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				ONSET AND DEATH
	IMMEDIATE CAUSE (A)	recluse A	tran eller	ay	177
	ANTECEDENT CAUSE(S) DUE TO	1 2	transless tast - L	Dearle -	2cm
	DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	und !	reary - ~		1/-
	STATING UNDERLYING CAUSE LAST, DOE TO				
	TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
	DISEASE OR CONDITION CAUSING DEATH	٧_			
	196, DATE OF OPERATION 196, MAJOR FINDINGS O	F OPERATION			YES NO F
	21e. ACCIDENT WAS UNDERLYING [] 21b. PLACE (Home,	ferm, fectory, 2	1c. WHERE DID INJURY OCCUR?	(City or town) (Co	unty) (State)
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, off (IF EITHER, NOTIFY MEDICAL EXAMINER)	-		osh.	
	348.9	Man & fa	21f. HOW DID INJURY OCCUR?	AL 2	
	M. et wor	210	50 7/	14 . 50.	
7	22. I hereby certify that attended the deceas			19.12. A., that	
1	alive on, 19.3 8, and t	that death occurred at.		ses and on the date stat SS (Street, city, town, state)	ed above.
10M	miske	, M.D.	- 1000	ug-m	1 //14/58
155	23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, Iown, or count	ly) (State)
A15C 1-55	Burial July 17,1958	George Washi	ngton- , ,	Riggs Rd. Hall	Tanke Md.
YS	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIG	NATURE	ADDRESS
	DATE JUL 1 & '58 William:		MITHONK	Maritand	Millow Ind



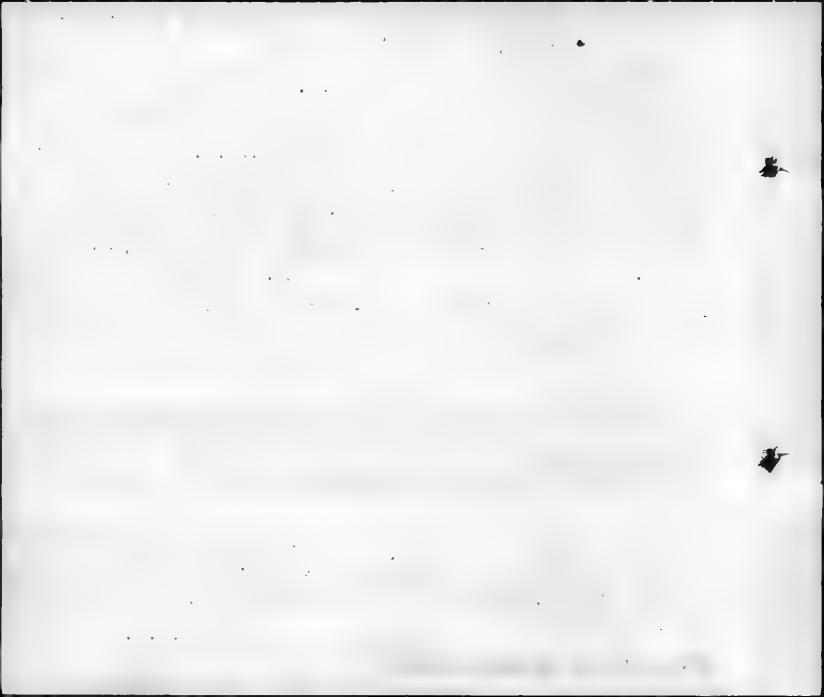
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 118244 CERTIFICATE OF DEATH 8257 Reg. Dist. No. director 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o STATE b. COUNTY MARYLAND <u>Prince Georges</u> Prince Georges Marvland b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION Dave Rainier d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO F 3606 Bunker Hill Prince Georges General NAME OF First 4. DATE Middle Month Year DECEASED OF (Type or print) DEATH Bertha B. Beard July 26 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 8 DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS last birthday) Months Doys Hours Min. WIDOWED T DIVORCED [Female popers. yrs. ā COM 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY rban papi er demth. during glost of working life, even if retired) pup Fort Loudon. U.S 13_FATHER'S NAME 14 MOTHER'S MAIDEN NAMI ARMED FORCES? INFORMANT 18 CAUSE OF DEATH [Enter only one couse per Jine for (o), (b), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 50050 DUE TO Conditions, if any, which (b) gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO I 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) Day, Year 20d. INJURY OCCURRED (County) (State) Hour a.m. factory, street, office bldg., etc.) While Not while at work at work p. m. 21. I certify that, I attended the deceased from V.C. 195 that I last saw the deceased and that death accurred at 5±35P.M. from the causes and an the date stated above OR: ADDRESS (Street, city or town, state) det DIRECT ACTUAL 7308 SIGNATUR 70 ă HOSPITAL PHYSICIAN'S NAME (Type) FUNER/ $^{\circ}$ 226 DATE THEREOF 220 BURIAL CREMATION, 22c NAME OF CEMEZERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole)-REMOVAL (Specify 0 23. FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) 1SM 10/57 DATE



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0	Service may be retained by the haspital ar attending physicion.	TO FUNERAL DIRECTOR: After this certifications been signed by the attending physician and campletely filter to by the funeral di	ā.	4
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AARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18	08245
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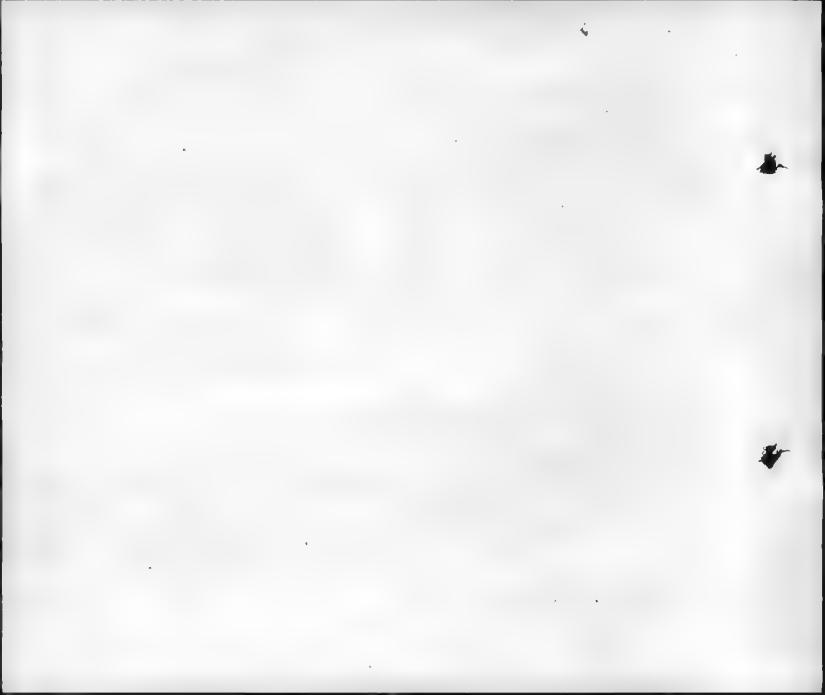
8258	CERTIFICA	ATE OF DEAT	H	Reg. Dist. No.
Prince Georges	MARYLAND	2 USUAL RESIDENCE (W 0 STATE D_ C_	here deceased lived. If institution b. COUNTY	n- Residence before admission]
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16		outside corporate limits, write RL	JRAL and give nearest town)
Chevery.	3 Days	Washingto	on	
d NAME OF ROSPITAL (If not in haspital, give stre	eet address)	d STREET ADDRESS		e IS RES DENCE
Prince Georges General		1846 8th	St. N. W.	YES NO
3. NAME OF First DECEASED	Middle	Lost	4. DATE Mont	h Day Yeor
(Type or print)	Beasl	ev	DEATH July	18 19 58
5. SEX 6 COLOR OR RACE 7. M		8. DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
		May 1, 1907	yrs.	Manths Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done I during most of warking life, even if retired)			or foreign country)	12 CITIZEN OF WHAT COUNTRY
Laborer	Fare	Marykand		U.S.A.
13. FATHER'S NAME Unic.		14. MOTHER'S MAIDEN		97
15 WAS DECEASED EVER IN U. S. ARMED FORCES?	andaula an la	osp. Records	Cheverly, M	
18. CAUSE OF DEATH [Enter only one couse per		- ' /		INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cerebronoscular	accident		ONSET AND DEATH
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Canditions, if any, which) (b)	Hyper pension	. Heart de	iscarc.	
gove rise to immediate DUE TO	1. 1.			
lying cause last. (c)		east Zailar	٠.	
PART II. OTHER SIGNIFICANT CONDITION	IS CONTEBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	N IN PART I(o) IP WAS AUTOPSY PERFORMED? YES NO
(IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Parl II of ilem 18.)	
Hour o. m. Wh	I. INJURY OCCURRED 20e PL ile Nat while for york of work	ACE OF INJURY (Home, form story, street, office bldg., etc.	20f. (City or town)	(County) (Slote)
21. I certify that I attended the dece	ased from Jully 15	19,5 %, to	J. 110, 110, 2054	45 4 4 4 4 4 4 4
alive on II ku 18 19				,that I last saw the decease
1/11/2 6) in diameter	occorred di9211	ADDRESS (Street, city or logge, at	nd on the date stated above
SIGNATURE WILLIAMS	osson MD	MD 0304 Q	unapoles	RA
PHYSICIAN'S William D. Ros	son	Blade	uslung ,	Marikand
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		22d. LOCATION Cary, town, or	county) (State)
Burial 7/22/58	Woodlawn Came	tery	Washington, I	D. C.
23. FUNERAL DIRECTOR'S SIGNATURE GASCH'S SONS Hyatter	ille, Maryland	DANEUL.	D BY REGISTRAR TAB REGIST	RAR'S SIGNATURE



		•	82	59		CERTIF	ICAT	E OF E	EATH	ı			Reg. D) Dist. No.	JJJ	04
	e of death punty Princ	e Geor	ge			MARYLA	- 11	a. STATE	Maryla	ere deceased	lived. If in: b. COL		n Reside		re admiss	ion)
	Y OR TOWN (If RAL and give nea Chever	rest lawn)	rote limit	s, write		H OF STAY IN	16	c CITY OR		utside carpora	ote limits, wi	rite RU			arest lowe	•)
OF	ME OF HOSPITA INSTITUTION LINCO GO		_	_		tal		d. STREET A		Garland	d Ave.	,				IDENCE FARM?
3. NAM DECE (Type	ar print)		aby	Gir			Belar	los 1g o	1	4. DATE OF DEATH	July	Mont	h Mg	3 1	*	Year 1958
5. SEX Fema		6 COLOR O		7 MARR		VER MARRIED DIVORCED [_	ATE OF BIRT	195		R. AGE (In y lost birthd		Months Months	Poys	IF UND	ER 24 HRS
dati	IAL OCCUPATION ng mast af working DNO	N (Give kind ong life, even i	of work o if retired)	lane 10b.	KIND OF E	BUSINESS OR I	INDUSTRY	2.0	ACE (Slote o		onlry)		12 C	ITIZEN O	F WHAT	COUNTR
13. FATH	Joseph	F					1.	MOTHER'S	MAIDEN N		tsell					
15 WAS (Yes, no. c	DECEASED EVER	IN U.S. ARA yes, give wor or			SOCIAL SE	CURITY NO.	17. INFO	RMANT				Addre	ess			
Co go cos lyin	nditions, if an ve rise to im use (a), stating th ng cause last.	H WAS CAUS IMMEDIATE C y. which mediate in under-	ED BY AUSE (o) DUE TO (b) DUE TO	I,	m 4n	atur:	ty_	SWE Chen	7 th	4-3	340 . cm	gn !	-3	ONS	ERVAL BE	DEATH
CERTIFICATION 300 300 100 100 100 100 100 100 100 100	ACCIDENT WAS CONTRIBUTING (ITHER, NOTIFY A					ING TO DEATH							EN IN PA	RT 1(a) 1	PERFO	AUTOPSY PRMED?
	TIME OF INJURY Hour a. m. p. m.		lay, Yea	r 20d IN While at work	NJURY OCC	while	le. PLACE factory,	OF INJURY (Home, form, bldg., etc.)	20f. (City o	or town)			(County)		(State)
ACT SIGN	ATURE	t lattendo Z - 3/ X W	۸ ، ا	-, 125 Her	36	and that de	eath ac	curred oil	10.00P	7-31 M, from ADDRESS (Since	the cous	es ar	nd an			decease ed obav ATE SIGNI
cre,	IAL, CREMATION OVAL (Specify) ALLON RAL DIRECTOR'S	.8/1/	THEREO))		ME OF CEMETE De Geor			al Ho	22d LOCATH Spital	, Chev	/er]	ly, i		(Stote	e)
A	2 my	0	ion		W/I.	. Fenn,	Jr.	-	DATE ALK					. Krau		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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24 havrs ofter death.



haurs after death. Page



FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08248

		Reg, Dist, No.				
	I. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased fived. If institution: Residence before admission)				
	a. COUNTY ()	AND STATE W GOLD & COUNTY PAR CO. A.				
	b. CITY OR TOWN I'll outs do corporate Limite, white AURAL C. LENGTH OF STAY IN	t Ib C CITY OR TOWN (If galaside corporate limits, write RURAL and give nearest town)				
	and give nearest town)	[0]				
_		<u> </u>				
	3416 - Be Kleszew Live	3416- Belleville Live YES NO				
\	3 NAME OF DECEASED FIRST STATE Middle, (Type or print)	Collosi A DATE Of Menth Doy Year OF DEATH OF THE DOY YEAR				
1	5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	THE DATE OF RIGHT				
	Make White WIDOWED DIVORCED [
	100. USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR IN	IDUSTRY 11 BIRTHPLACE (Slote or foreign country) (12. CITIZEN OF WHAT COUNTRY				
	Taganer Cuevane	THE HOTHER'S NAMED IN NAME				
)	Role & Bounds	14 MOTHER'S MAIDEN NAME				
	15/WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO	17. INFORMANT Address				
	(15 no. or belinous) (1 res. give war or dotes of rery ce) 224-41-6631	Grace & Brandenia and coldress				
	18. CAUSE OF DEATH [Enter only one coure per line for (a), (b), and (c)]	A Interval between				
	PART I DEATH WAS CAUSED BY:	ONSET AND DEATH				
	IMMEDIATE CAUSE (a)	congestive/vian/jouline				
	DOE TO					
	Conditions. If ony, which gave rise to immediate couse	outar renal disease				
	(e), sleting the underlying DUE TO	· ·				
	couse last. (c)	AND THE PROPERTY AND ADDRESS OF A DECK STATE OF THE AREA AND ADDRESS OF THE ADDRE				
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED?				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	YES NO TO				
	200 EXTERNAL CAUSE WAS 206 DESCRIPE HOW INDIRY OCCUPE	ED (Enter nature of injury in Part I ar Part II of item 18.)				
	PRIMARY or CONTRIBUTING					
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e	PLACE OF INJURY (Hame, farm, 120f (City or lawn) (Caunty) (State)				
	Hour a.m. While Not while	factory, street, office bldg., etc.)				
	21. I certify that I took charge of the remains described	above, held an Autopsy, Inspection				
	opinion death resulted fram: Natural causes 3, Accide	ent, Suicide, Homicide Undetermined manner				
	1 1	DATE SIGNED				
SIGNATURE JOHN J. Maloney M.D. CHIEF MEDICAL EXAMINER []						
	EXAMINER'S	ASSISTANT MEDICAL EXAMINER				
	NAME (Type) JOHN / MALONCY !	1, P DEPUTY MEDICAL EXAMINER ON 12-38				
	220. BURIAL CREMATION 22b. DATE THEREOF 22c NAME OF CEMETER	24.404.41				
	Burial July 15, 1958 Arlingto	n National Arlington Va				
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE				
	F. Gasch's Sons Hyattsville Md.	DATE JUL 1 7 158 All Leauch				

TO DEPUTY MEDICAL EXAMINER: This certificate should be exacuted within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the word pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief M. And Examiner's Office along with form PM3. Page 5 may be to the for your files.

The FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the tree Board of Health, or the signaled agent, prior to burial, cremation, at amoval, and in any event FATA, 22 haurs offercash. VS A15ME 5M 2 57



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08249 8263 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) · COUNTY g STATE **b** COUNTY MARYLAND Marvland b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) lawn) RURAL and give negrest town) Chaverly days Washington . d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. 15 RESIDENCE Prince George General 3200 Walnut St. N.E. YES NO T NAME OF 4. DATE First Wildle Year DECEASED OF DEATH [Type or print] Etienne Brudin July 19 58 5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Male White WIDOWED | DIVORCED [29 USUAL OCCUPATION (28 kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working ifor even if retired) . U.S.A. 13_FATHER'S NAME physician S! ARMED FORCES? SOCIAL SECURITY NO. INFORMANT guip 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY LLBW IMMEDIATE CAUSE to **DUE TO** OF LIVEN Conditions, il any, which gove rise to immediate DUE TO couse (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19 WAS AUTOPSY PERFORMED? YES LAND 20d ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. [City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) Hour o.m. loctory, street, affice bldg., etc.) While Not while of work of work 195 8. to 21. I certify that I attended the deceased fram_ ., 195 8 that I last saw the deceased and that death accurred at helisp. M. from the causes and on the date stated above. alive on ADDRESS (Street, city or lown, state) ACTUAL SIGNATURE MTICAINIER FUNERAL Nroman D. Comeau NAME (Type) 3 220 BURIAL CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246 REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR VS A15 (4) 15M 10/57



1 P	5		Item 9 Film CERTIFIC	ATE OF DEATH—BALTIMORE, 18	08250
* :XV	/		2001	Reg. D	ist. No.
oge ≪i		1.	LACE OF DEATH COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside	nce before admission)
- ig ii			· MARYLAND	5. COUNTY	ince Gennaes
eath.			CITY OR TOWN (It outside corporate tim ts. write c. LENGTH OF STAY IN 16 RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
p 500		L	NAME OF HOSPITAL (if not in hospital, give street address)	/d. STREET ADDRESS	
4 44	r p		OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE
G P		-	Prince Georges General Hospital		YES NO
ţ- ~		1	First Middle DECEASED	Lost 4. DATE Month	Day Year
ithin 2 ely fille Poges		1	Type or print) Gentruide T Laura	Bhtler DEATH July	31 19 6
# 20 a		5.	MANUED TO LACK WANTED	8 DATE OF BIRTH 9. AGE (In years lost birthdoy) Months	P I YEAR IF UNDER 24 HRS
ples irs.		L	Formale Golomed WIDOWED DIVORCED	6 4 30 11 11	Days Hours Min.
comple papers.	1	100	USUAL UCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INC during most of working life, even if retired)	OUSTRY 11 BIRTHPUACE (Stole or foreign country)	TIZEN OF WHAT COUNTR
and co		L	Domestic	Maryland	U
the constant	, 1	13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
Sicio No o			James Simms	Matilda Diggs	
Phys nov hou			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
ng ng 72			100	Thomas Butler Upper Malbo	To I
eath endi leas thìn			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]		INTERVAL BETWEEN
e d			PART I DEATH WAS CAUSED BY: Acute pulmonary	edema. Bilateral Hydrothorax	ONSET AND DEATH
the the very very			1460X DUE TO		
بارة بارة بارة بارة			Conditions, if ony, which) thi Uremia secondary	to hydronephrosis	months
in a med			gove rise to immediate Cause (a), stating the under-		
nd it			lying cause lost (c) Diabetes Mellitu	S	years
sicic sicic ron 1, o		NO	PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE		RT 1(0) 19 WAS ALTOPSY
The Ich phy fight mova		ICAT			AEN HO DESTORMEDS
Fine and of re		CERTIFICATION	200 ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED (Enter nature of injury in Part II or Part II of item 18.)	
Sterrii os		WEDICAL		PLACE OF INJURY (Home, farm, 20f. (City or town)	County) (Slote)
PHY PHY Phis of Phis Phis of Physical		MED	Haur a. m. While Not while p. m. 19 of work of work	foctory, street, office bldg., etc.)	
Spite For t			21. I certify that I attended the deceased fram	19 to 10 that I	lost saw the decease
S S S S S S S S S S S S S S S S S S S				th accurred at 9:50PM, from the couses and an t	
E + 6 5 5			11/0/1/2 ()	ADDRESS (Street, city or town, state)	# DATE SIGNE
DR A)	1		ACTUAL SIGNATURE WALKAM TO KOSLON	MD 5304 aunapolis Ko	ed_
retoin TAL D MAL D should stror p			PHYSICIAN'S NAME (Type)	Bladenshurg M	aryland
HOSP by be ge 3		220	BUR AL, CREMATION, 226. DATE THEREOF St. MAME OF CEMETERY St. Mary:	Com	(State)
O FO SE		22		Croding min.	
VS A15 (4)	1	23	ADDRESS ADDRESS ADDRESS 4339 Hunt P.	240. REC'D BY REGISTRAR SALE PALL REGISTRAR'S SALE PARTIES TO	/
15M 10/57			The state of the s	TOWNERS OF THE PARTY OF THE PAR	
			#264		



FOR STATE **HEALTH DEPT**

TO DEPUTY MEDICAL EXAMINER: This certificate should be exemited within 24 hours after death. If any detay is necessary, please execute the certificate, writing the word, pending" in pencil in them, 18. Give Pages 1, 2, and 3 to the Syneral director. Page 4 should be forwarded to the Chief Marchall Examiner's Office along with form PM3. Page 5 may be respected for your files.

TO FUNERAL DIRECTOR: Page 3 should not see a burial-transit permit. File pages 1 and 2 with the 15 e Board of Health, or its designated agent, prior to burial, cremation, or temoval, and in any event within 22 hours after death.

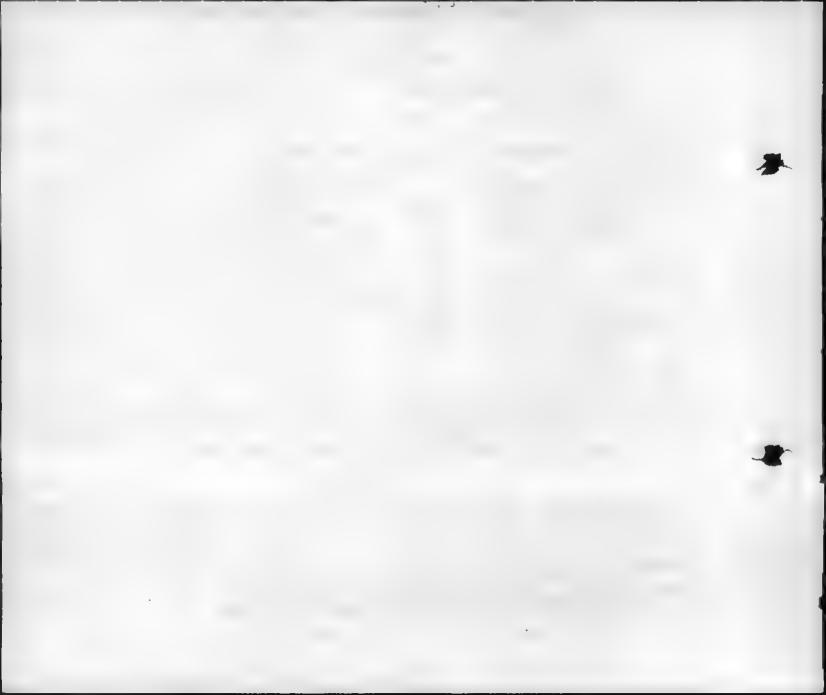
VS. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1825) MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8265 Rep. Dist. No.

	VAU.						The street w	-
1. PLACE OF DEATH				2. USUAL RESIDENCE	E (Where decapse	d lived. If institu		before admission)
	inee George		MARYLAND	Mar	yland		Prince	George 's
and give nearest to	,		NGTH OF STAY IN 16	c CITY OR TOWN		orote limits, write	RURAL and giv	ve nearest town)
Chever ly			on arriva					
	ITAL OR INSTITUTION (I		_	STREET ADDRES				ON A FARRAZ
	rge s Gemer			1310 5	6th Aven	ue		YES NO
3. NAME OF DECEASED	Fin		Middle	Lost	4. DATE	Mont		Poy Year
(Type or print) 5. SEX		Ceselia		rter	DEATH	July	30	
Female	White	WIDOWED [DIVORCED	10/17/97	,	AGE to years lost birthday) 60 yrs	Months Day	AR IF UNDER 24 HRS
10a. USUAL OCCUPAT during most of work Housewif	IION (G've kind of work or king life, even if retired)		HOME	STRY II BIRTHPLACE (SI		unity]		OF WHAT COUNTRY
13. FATHER'S NAME				14. MOTHER'S MAIDE	N NAME			
Themas	J. Stone			Mary A.	Marr			
15. WAS DECEASED E	EVER IN U. S. ARMED FOR		SECURITY NO 17.	INFORMANT		Address		
ne	(, , , , , , , , , , , , , , , , , , ,	unk		John Brook	Carter,	58.RO 8.8	# 2	
Conditions, if gove rise to imm (a), stating the course fast. PART II. O PART II. O PART II. O CAUSE OF DEATH	ediate cause			nal disease	RMINALD SEASE	CONDITION GIV	EN IN PART 16	PERFORMED2
20a. EXTERNAL CAUSE WAS PRIMARY OF DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) CAUSE OF DEATH.								
20c TIME OF INJ			Not while for	ACE OF INJURY (Home, f ctory, street, office bldg.,	form, 20f. (City o	or fown]	(County)	(Stote)
21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion death resulted fram. Natural causes . Accident . Suicide . Homicide . Undetermined monner . ACTUAL SIGNATURE								
	amer	Y S	orgel		L EXAMINER			DATE STURED
SIGNATURE .	amed	M &	orgel	ASSISTANT ME	L EXAMINER	_	7~ 21	
EXAMINATS NAME (1) pe)	and James In Brown	yd =	AME OF CEMETERY, O	ASSISTANT MEDIC	AL EXAMINER	Je	ly 31,	
EXAMINER'S NAME (1) pe)	AME BATE THERE	5 8 Wa	AME OF CEMETERY O	ASSISTANT MEDICAL REPORT OF ACTION AC	AL EXAMINER	ON ICITY, town,		1958



MARYLAND STATE DEPARTMENT OF HEALTH	-BALTIMORE, 18 ()8252
Prince George CERTIFICATE OF DEATH	
1. PLACE OF DEATH O. COUNTY DEANY WINE MARYLAND 2 USUAL RESIDENCE (Whe a STATE Warylan)	b. COUNTY Prince Cearge's
RURAL and give nearest town)	utside corporate limits, write RURAL and give negrest town)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION OR INSTITUTION	randywine Heights
At home CHANY	YES NO []
3. NAME OF DECEASED FIRST Middle CHANDING (Type or print) / LELLS N DE CHANDING	OF DEATH Seel 17 1958
S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH WIDOWED DIVORCED SEX	9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS In June 1997) 1911 brithdoy) 1917 Months Doys Hours Min.
100. USUAL OCCUPAT ON (Give kind of work done during most of working life, even if perfect)	or foreign country) 12. CITIZEN OF WHAT COUNTRY:
13 FATHER'S NAME CHARLES PSHOLSMAKER. CHLT.	TA MILLER
IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (If yes, give wor or dotes of service) 1. ALAN 10/5	CHANY BEAND YWINE 1
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which by Samueland Condition - Vencula - Q	and Quesic year
couse (o), stating the under DUE TO lying couse lost.	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 14
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Parties of Contributing Cause of Death (IF either, Notify Medical Examiner)	
20c. TIME OF INJURY Month, Day, Year While of work at work 19 work 20d. INJURY OCCURRED While of work at work 19 work	20f (City or town) (County) (State)
21. I certify that I attended the deceased from 7 - 10 , 1956, to	7 - 7, 19 51, that I last saw the deceased
	.M, fram the causes and on the date stated abave. DDRESS (Street, city or tawn, stote) DATE SIGNED
SIGNATURE HAD H NOSCH M.D. CO., D.	Jun he 7-17-58
ZEZZE PHYSICIAN'S RICKOVA 11 DELSEW BL	Je um mp
220. BURIAL, CREMATION, 276 DATE THEREOF 200, NAME OF CEMETERY OR CREMATORY REALOWAL (Specify) 7/21/58 Rock, Leek, Cenu	22d LOCKMON (City Town, or county) D(State)
	BY REGISTRAR 246 REGISTRAR'S SIGNATURE



OR STATE HEALTH DEPT.

5, SEX

NAME (Type)

Burial

REMOVAL (Specify)

23 FUNERAL DIRECTOR'S SIGNATURE

F. Gasch's Sons

220. BUR AL CREMATION, 226 DATE THEREOF

director, ros director, ros for your files, "af Health, M f ony to the by be retailed moy l i within 24 haurs ofter death.

m. 18. Give Pages 1, 2, and
nng with farm PM3. Page 5 n
permit. File pages 1 and 2 v
nd in any event within 72 hau ond e 5 n in Item 18. Gi per **burial-transit** Office σ ding Exam ef of orded CTOR: certificate forwards DIRECTO be c should thousand FUNERA DEPUT

0 VS. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o COUNTY Prince Georges **b.** COUNTY MARYEAND Pr. Geo. b. CITY OR TOWN (It outside corporate finite, we to RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give necres) town) and give negrest fown) Riverdale D.O.A. Gellege Park d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE YES NO LeLand Memorial Hospital -9038 - Rhoade Island Avenue NAME OF Middle 4. DATE Month Yeor DECEASED Luther 1958 (Type or print) Rean 18 Chaney DEATH July 6 COLOR OR RACE 7. MARRIED NEVER MARRIED [1] B DATE OF BIRTH 9. AGE (In 7001) (IFUNDER TYEAR) IF UNDER 24 HKS Months Days Hours Min. Male White WIDOWED [DIVORCED I 62 yes 100. USUAL OCCUPATION (Give kind of work done) 106 KIND OF BUS NESS OR INDUSTRY | 11 BIRTHPLACE (Slote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working Jife, even if retired) Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Julia Aum Joseph Chaney, Jr. Beckett · 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT ... Address Luther Chaney: same address as Ies 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Chronic congestive heart failure IMMEDIATE CAUSE (0) DUE TO Cardiovascular renal disease Conditions, if ony, which gove rise to immediate couse DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALD SEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🖂 NO: 20b DESCRIBE HOW INJURY OCCURRED (Enfer noture of injury in Part I or Part II of Hem 18) 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f (City or town) 20c TIME OF INJURY Month, Day, Year (County) (Stote) factory, street, office bldg., etc.) While Not while 0. 10

200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.

of work of work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 18, Inquiry 18

opinion death resulted from. Natural causes III. Accident ... Suicide . Homicide . Undelermined monner

ACTUAL SIGNATURE **EXAMINER'S** John T. Maloney, M.D.

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER !

DEPUTY MEDICAL EXAMINER

July 18. 1958 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county)

St John's Cemetery ADDRESS

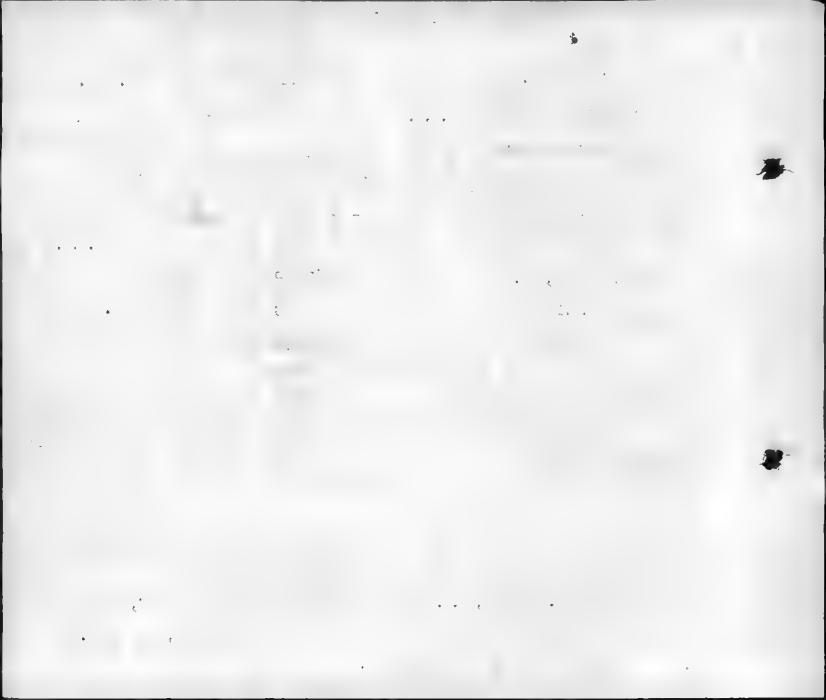
Hyattsville Maryland.

Beltsville, Maryland 246 REC'D BY REGISTRAR

24b JREGISTRAR'S SIGNATUR

DATE SIGNED

(Stote)



TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 hours after death. Page	e executed within 24 hours after death. Page
TO FUNERAL DIRECTOR: After this certification is been signed by the attending physician and completely fuller. The funeral literal page 3 should be detached for use as the most permit. Then please remove carbon papers. Pages	and completely filler that the funeral briefly the popers. Pages and 2 should be filled fith
the registrar prior to burial, cremation, or remayal, and in ally event within 72 hours offer death.	T death.
	7
	7

VS A15 (4) 1SM 10/S7

MARYLAN	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
8267	CERTIFICATE	OF	DEATH	Ra

	8267	CERTIFICA	ATE OF DEA	тн	Reg. Dis	0.8254
PLACE OF DEATH D COUNTY Prince Ge	orces	MARYLAND	Maryl and	ŀ	If institution Residence COUNTY Prince Ger	e before odmission)
B. CITY OR TOWN RURAL and give	(If outside corporate limits, write enearest town)	c LENGTH OF STAY IN 15	c CITY OR TOWN	(If outside corporate fin	nils, write RURAL and gr	ve nearest lown)
Cheverly	No.	3 H 13Min	Hyattsvi			
OR INSTITUTIO		oddress)	d STREET ADDRES	5		e. IS RESIDENCE ON A FARM?
	orges General		5503	2nd Ave.		YES NO
3. NAME OF DECEASED	First	Middle	Loss	4. DATE OF	Month	Day Year
(Type or print)	Charles	W	Clagett	DEATH	July	19 58
5. SEX	6. COLOR OR RACE 7. MARI	RIED TONEVER MARRIED TO	8. DATE OF BIRTH	9 AG		YEAR IF UNDER 24 HRS Days Hours Min
100 USUAL OCCUPA during most of w	ATION (Give kind of work done 10b. rarking life, even if retired)	KIND OF BUSINESS OF HIDU		tale or foreign country)	12 CITI;	TEN OF WHAT COUNTRY?
13. FATHER'S NAME		illa - Tella ye	14. MOZHER'S MAIDI	N NAME A	7 0	
Zhom	u Clagel	15	Elizas	th E	cher	
15 WAS DECEASED E Yes. no. or unknown	PER IN U. S. ARMED FORCES? 16.		irs Catheri	ine B Clage	ett Hyatts	ville Md.
18. CAUSE OF E	DEATH [Enter only one couse per li	ne for (6) (b), and (c)]		4 4		INTERVAL BETWEEN
PART 1. E	DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	Kunnle	at An	me had	4-	ONSET AND DEATH
463.0			,	1		
Conditions, if	any, which I	Interior	and on a	tio Tues	at do a	
gave rise to	immediate (/		Care C	
lying cause lo	ug the <u>under-</u> [
Z PART II. C	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE CON	DITION GIVEN IN PART	1(a) 19 WAS AUTOPSY
ŽĮ.		,				PERFORMED? YES NO
200 ACCIDENT	WAS UNDERLYING 206 DESING CAUSE OF DEATH FY MEDICAL EXAMINER	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury	in Part I or Port II of i	lem 18.)	tual tual
20c TIME OF INJ	n. While	Nat while 101	ACE OF INJURY (Home, clary, street, office bldg.	form, 20f (City or law	n) (Co	ounty) (State)
21 Lengtifu	that I attended the deceas	ad from 1 mm)	104 Ct +-	7-12	105 Va	ast saw the deceased
alive an) - / }-	, , , , , , , , , , , , , , , , , , , ,				ost saw the deceased e date stated abave
dive dil	12	, and that death	accorred at	ADDRESS (Street, ci		DATE SIGNED
ACTUAL	(Poets		M.D	ettree	E jet	7-1355
PHYSICIAN'S NAME (Type)	A Deitz)		livat	ttsville M	1.	
220. SURIAL CREMAT	TION, 226, DATE THEREOF	22c NAME OF CEMETERY O		22d. LOCATION (C	ity town, or county)	(Slate)
Burial (Special	7/14/58	Trinity Ceme	tery	Upper	Marlboro	Maryland
23. FUNERAL DIRECTO		ADDRESS	240. 6	REC'D BY REGISTRAR	246 REGISTRAR'S SIGI	
F. Gasel	n's Sons Hyatti	sville Md.	DATE	JUL 1 7 '58	COST A	(3 ° a



PHYSICIAN:

HOSPITAL O

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



14XV2

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18

	826	Q	CERTIFIC	ATE OF DEAT	Н		Reg. Dist. No.	18256
Prince G			MARYLAND	2. USUAL RESIDENCE (W. o. STATE Maryland	Pri	b. COUNTY	an Residence befo	5.46
b, CITY OR TOWN (I RURAL and give no Choverly	f outside corporale fimi earest lawn)	s, write	c. LENGTH OF STAY IN 15	Elliott C		prote limits, write R	URAL ond give nec	prest town)
OR INSTITUTION	AL (If not in hospital, g		address}	d. STREET ADDRESS Old Annap	olis R	ld		e. IS RESIDENCE ON A FARM? YES NO XI
3 NAME Of DECEASED (Type or print)	Fir Darler	il .	Middle	Cole	4. DATE OF DEATH	Man		y Yeor
5. SEX			HED NEVER MARRIED	8 DATE OF BIRTH	DEATH	411		19 58 IF UNDER 24 HRS
Female	White	WIDOWI	ED DIVORCED	May 21 195		9. AGE (In years lost birthday) yrs	Months 28 ys	Hours Min.
during mast of wark	ung life, even if refired)	lone 10b.	KIND OF BUSINESS OR INDU	JSTRY 11. 8IRTHPLACE (Slote	or foreign o	country)	12. CITIZEN O	F WHAT COUNTRY
13. FATHER'S NAME			07-0	14. MOTHER'S MAIDEN	MAME	70	0.50	dt.e_
James Col				Margaret	E. Hul	ber		
15. WAS DECEASED EVE {Yez. no. or unknown}	R IN U. S ARMED FOR:		SOCIAL SECURITY NO 17.	Ander Ca	le.	Ellica	the City	i. The S
	mmediate (1	ne for (a), (b), and (c).] Vehydrat Malnutr	tion				ERVAL BETWEEN ET AND DEATH Days
- CA			ONTRIBUTING TO DEATH BU				EN IN PART 1(o) 1	9. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	206 DESC	CRIBE HOW INJURY OCCURRI	D (Enter noture of injury in	Port I or Por	t II of item 18.)		
Z 20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	r 20d. It While at worl	Not while fc	ACE OF INJURY (Home, fari ictory, street, office bldg., et		or tawn)	(County)	(Slote)
21. I certify th	at / attended the	deceas	ed from 7/9	19.5%, To	A.M. froi			w the decease: le stated above
ACTUAL SIGNATURE	albert	YI	mode and	A.O. alber		Mode		DATE SIGNED
PHYSICIAN'S NAME (Type)	lbert J Mo	dlin	Md.	308	V.	\anstro	se ave,	fame
SPEMOVAL (Specifit)	N, 226. DATE THEREO	1958	27c. NAME OF CEMETERY.	or CREMATORY Com	22d. 10CA	MON (City, town, o	or county)	(Stole)
3. FUNERAL DIRECTOR:	Lavala Lavala	lodu	ADDRESS?	Med DATE	D BY REGIS	10 /	TRAR'S SIGNATUR	RE



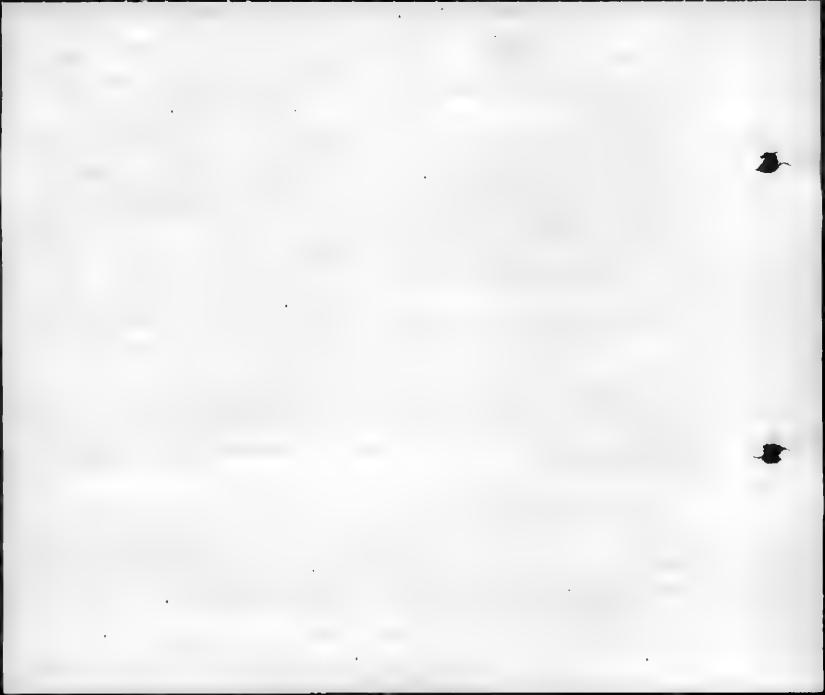
VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8241 CERTIFICATE OF DEATH

1)8257 Reg. Dist. No.

	PLACE OF DEATH COUNTY	Prince Geo	rge's	MARYLA	31	o. STATE Maj	ryla		b. COUNTY			orge's
	b. CITY OR TOWN RURAL ond give Hyatts	(If outside corporate limited in the	ts, write c. LEI	NGTH OF STAY IN	1Ь	c. CITY OR TOV			rote limits, write l		give nearest	town)
`	d NAME OF HOSP OR INSTITUTION 5304	TAL (If not in hospital, g)		5304		h ave	!		0	RESIDENCE N A FARM?
	3. NAME OF DECEASED (Type or print)	Ma	ıry	Middle I.		Couch		4 DATE OF DEATH	July		1958-	Yeor 19
	female	6. COLOR OR RACE white	7 MARRIED WIDOWED	NEVER MARRIED DIVORCED [2.0	ec 12,	1889		9. AGE (n years lost birthdoy) yrs	IF UNDER Months		NDER 24 HRS
	Piar	ON (Give kind of work rking life, even if retired 118t		acher		Warre	en	Ohio	ountry)		S A	HAT COUNTRY
	13. FATHER'S NAME	C				14. MOTHER'S MA	NIOEN NA	AME				
	15 WAS DECEASED BY	Samuel Iza		L SECURITY NO.	17 INIE	? DRMANT						
	[Yes, no or unknown]	(If yes, give war or dates of s	arvice)			Robert	J.	Izant		bus	Ohio	
	PART I. DE		1ty	o). (b) and (c).) Justatic	8-1 200	de Ca	nce	i.	ر ده س	4.	ONSET A	L BETWEEN AND DEATH
	gove rise to couse (o), stoling lying couse lost	the under-)(_	ace	ind	wy	9	Ct.	Brest			
	PART II. OT	HER SIGNIFICANT CON	DITIONS CONTRI	BUTING TO DEATH	BUT NO	of RELATED TO TH	ETERMIN	NAL DISEASE	CONDITION GI	VEN IN PAR	PE	AS AUTOPSY REORMED?
		AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE F	INJURY OCC	URRED (Enter nature of in	jury in Po	ort I or Port	II of item 18)			
	20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Yes		lot while	e. PLACE foctor	OF INJURY IHOR y, street, office blo	ne, form, dg., etc.)	20f. (City	or lown)	(C	County)	(Stote)
,	alive on	A Deitz	1954,	om. 4 — I	eath o	Hya	450.	M, from	the couses of reet, city or town,	and an th	lost sow the date st	he deceased toted above DATE SIGNED
	Cremation					REMATORY n Cremat	1		ion (City, town, lmar Ma			Stote)
	23. FUNERAL DIRECTOR	s signature sch's Sons		DDRESS 'ttsville	, M	d .	REC'D	BY REGIST	B 246 REGI	STRAR'S SIC		



K

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filliptin by the funeral director, page 3 shauld be detached for use as if the rial-transit permit. Then please remaye carbon papers. Pages that 2 should be filled with the registrar prior to burial, cremation, of remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

()	3	2	5	1

b. CITY OR TOWN (I RUSAL and give the ANDRE U	1 - 0 - 7	GEC	RGESMARYLAND LENGTH OF STAY IN 16	2 USUAL RESIDENCE (WHO STATE		I institution Residence	before admission)	
HNOREU		0 5 200	-3 /	c. CITY OR TOWN (IF	Uside corporate limits	FRINC	E GEORGES e negrest town)	
d NAME OF HOSPIT OR INSTITUTION	SEF MO	ive street addr	3005 12	OXON d STREET ADDRESS 5237 BRO	HIII ADWATER	STREET	e IS RESIDENCE ON A FARM? YES NO X	
3. NAME OF DECEASED (Type or print)	WIN	ONA	Middle NMT	COX	4. DATE OF DEATH	Month Tuly	Day Year 28 1958	
5. SEX	6. COLOR OR RACE	WIDOWED [28 MARCH	1914 P. AGE (YEAR IF UNDER 24 HRS	
150USE	ting life, even it retired	done 10b. KIN	ONE	OKLA	or foreign country)	12 CITIZE	SA A	
13. FATHER'S NAME 15. WAS DECEASED EVE [Yes, no. or unknown]	R IN U. S. ARMED FOR		CRAY TAL SECURITY NO 17.	14. MOTHER'S MAIDEN N (N) INFORMANT	KNOW N GEORG	Address Cox		
	mmediate (Poi.	(a), (b), and (c).]	ular s	hock		INTERVAL BETWEEN ONSET AND DEATH 5 min.	
3			 	NOT RELATED TO THE TERMI			(e) 19 WAS AUTOPSY PERFORMED? YES NO	
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		self-int	D. (Enter noture of injury in F				
21. I certify the alive an	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (Stote). 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (Stote). 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (Stote).							
PHYSICIAN'S NAME (Type)		d. In US, ex		nd ANDREW.	S AF BA USAF H	OSP.	h 25, 10.C.	
220. BURIAL, CREMATIO REMOVAL (Specify) 23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS H ST.	INATIONAL	22d. LOCATION (City APL / NO BY REGISTRAR 2 2 1 158	win . Ila	(Stote)	



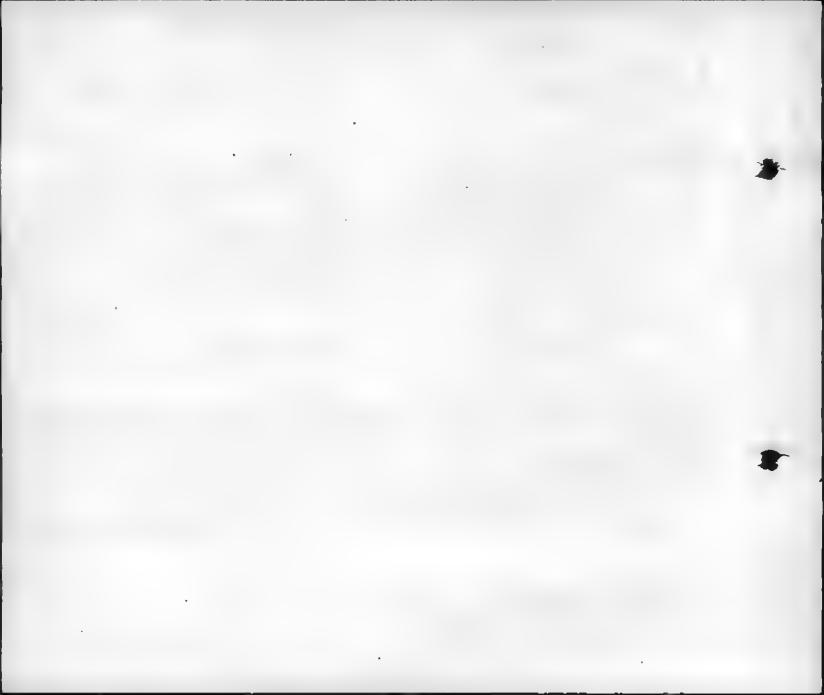
VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

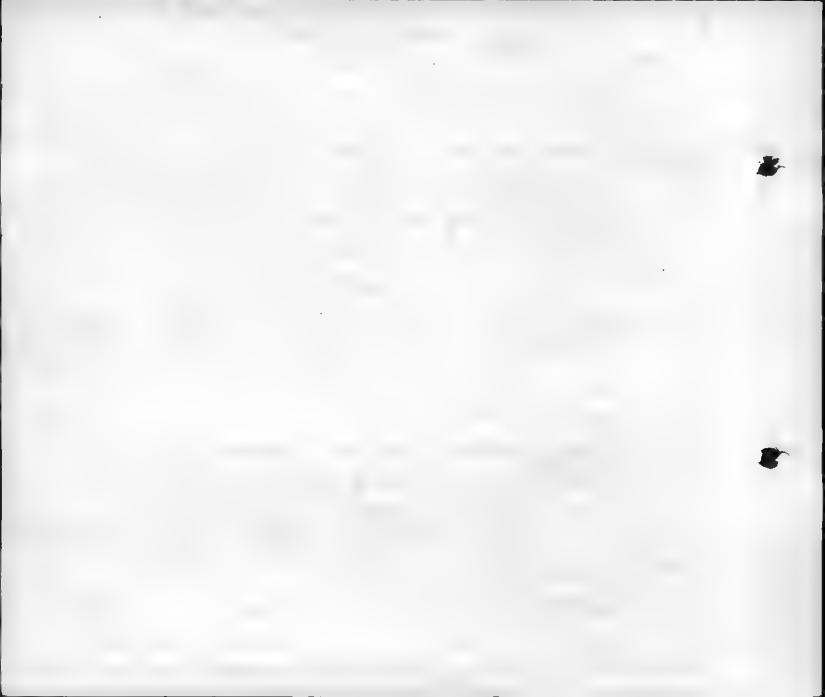
8270

Reg. Dist. No. 08259

>	1. PLACE OF DEATH COUNTY Prince Georges County	MARYLAND	2 USUAL RESIDENCE (Who o. STATE Maryland	b COUNTY	on Residence before odmission)
		TH OF STAY IN 16		utside corporate limits, write R	0
	1/2	days 12½ h	d. SWEET ADDRESS	sville	e. 15 RESIDENCE ON A FARM?
	Prince George General Hospital		1109 Emerso	on St.	YES NO TO
	3. NAME OF First DECEASED	Middle	Lost	4. DATE Mon	ilh Day Year
1	(Type or print) Casper L Craig			DEATH Ju	ly 15 19 58
	5. SEX 6. CÓLOR OR RACE 7 MARRIED NI	EVER MARRIED [B DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min
	Male White WIDOWED	DIVORCED 🔲	The state of the s	87 70 yrs	Months Days Hours Min
\	10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF during most of working life, even if retired)	BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Slote of		12 CITIZEN OF WHAT COUNTRY
	during most of working life, even if retured returned ret	ington Te	erminal Vi	irginia	USA
Ι	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
	Clarence Craig			?	
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SE		VFORMANT	Add	
		l I	lospital reco	ords Chever	ly Md.
	18 CAUSE OF DEATH [Enter only one couse per lipe for (o),	(b), and (d)		~	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: 101011	rehol	ullimine	ld.	ONSET AND DEATH
	200. DUE TO	1/			
	Conditions, if ony, which) (b) These	usko P	curcina	_	
	gove rise to immediate cause (a), stating the under-				
	lying cause last. (c)				
_	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE 491X	TING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	PEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
U					YES NO
	UF EITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURRED	Enter nature of injury in P	ort I or Part II of item 18]	
	TO 20c TIME OF INJURY Month, Day, Year 20d, INJURY OC While Not of work of two	while fac	ACE OF INJURY (Home, form, tary, street, office bldg, etc.)	20f (City or town)	(County) (State)
			10 4- 61/	17 2000	
	21. I certify that I attended the deceased from				
	alive an_July_15	ana inai deoin		LM, from the causes a LDORESS Soffeet? pily or town/	and on the date stated above
	SIGNATURE SOM O'CLU		2/2 -1	1/62 //	Tale) DATE SIGNED
1	SIGNATURE	,	W.D CTICALITY	male of the beside	
	PHYSICIAN'S John P Clum		/ Hyati	sville Md.	
	DEMONIAL ISPACION	ME OF CEMETERY OF	· ·	22d LOCATION (City, fown, o	
		ospect Hi	11 Cemetery	Front Royal	Virginia
	23. FUNERAL DIRECTOR'S SIGNATURE F. Gasch's Sons Hyatts	ville Md.	24a. REC'D	BY REGISTRAR 246 REGIS	STRAR'S SIGNATURE
	r. dascii s sons iljavos	11110		1 7 758 908	here!



1	MARYLAND STATE DEPARTMENT OF HEALTH—BAL	TIMORE, 18
w .e	8242 CERTIFICATE OF DEATH	Reg. Dist. No. 826()
I director	1. PLACE OF DEATH O. COUNTY PRINCE GEORGES MARYLAND 2. USUAL RESIDENCE (Where deceased on STATE)	b. COUNTY PRINCE (EEORGE)
deoth.	b. CITY OR TOWN (If autside corporate limits, write RURA) and give nearest town) ATTSVILLE 35485 LYATTSVILLE	rote limits, write RURAL and give nearest town)
urs after by the d 2 shau	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OF HIST AVE d. STREET ADDRESS 6/04-4/st	AVE 15 PESIDENCE ON A FARM? YES NO K
124 have	3. NAME OF DECEASED (Type or print) ROSA E. GARWOOD CREED 4. DATE OF DEATH	July 20 1958.
d within letely fines. Pog		9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
d comp n poper	100. JSUAL OCCUPATION (Give kind of work done dyring most of working life, even if retired) HOUSEWIFE OWN HOME NORTH CAROL	
cign on softer softer	13. FATHER'S NAME POURTON GARWOOD 14. MOTHER'S MAIDEN NAME NOT AVAILABLE	
remove cal	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16/SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes, give wor or dates of service) WESTERL ROBERT	Address HAYATTS VILLE, MA
ottendir n pleose	18 CAUSE OF DEATH [Enter only one police per line for (o) (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to Communication Nonthorise	INTERVAL BETWEEN ONSET AND DEATH
by the it. The ry evening	Conditions, if any, which) DIE (Conditions, if any, which)	i- 1542
on. signed sit perm	gove rise to immediate codes (a), stating the under lying cause lost.	1041
physicic as been ial-trans	PART II. OTHER SIGNIFICANT-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
AN: Thending	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSIC of or att his certifus use as emation,	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City foctory, street, affice bldg., etc.) 1	ar lawn) (County) (State)
hospite After the thed far riol, cri	21. I certify that I attended the deceased from May 8 , 1941, to July	the causes and on the date stated abave.
ATTEN 1 by the ECTOR: e detoc	ACTUAL Dought Dought December M.D. 934 Colones (SI	reet, city or town trote.
TAL ON retoined AL DIR should be tran prid	PHYSICIANDE KENNETH E LAUGHLIN	172-263
Moy be now be no	FREMOVAL (Specify) Tuy 22 10 57 1/4 101/ (EMATTER)	ION (City, town, or county) (State)
VS A15 (4)	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. 4: 24g. REC'D BY REGIST	RAR 246. REGISTRAR'S SIGNATURE
13/11/7/33	DATE THE 22	23 1 1 1 1 2 1 1 1 1



M

ARYLAND	STATE DEPARTMENT	OF HEALTH-	BALTIMORE, 18
8243	CERTIFICATE	OF DEATH	Rec

08261 Rea. Dist. No

11-		
ī	PLACE OF DEATH COUNTY PRINCE GEORGE MARYLANG	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY PRINCE GRORGE
┢	b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN IL	
Н	RURAL and give nearest town) HUATTS VIII & 3 M.O.	1. HUATTS VILLE
ľ	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS ON A FARM? YES TO NO PO
F	(ABROLL MANOIS	3//22
3	NAME OF First Middle DECEASED (Type or print) Ne//ie	CRIMMINS DEATH JULY 1 1958
5	. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	
1/	TOMALE WHITE WIDOWED DIVORCED	MAY 2, 1877 8 yrs Months Days Hours Min.
	Ou USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INI during most of working life, even if retired) U.S. TRYASU	ry VA. U.S.A.
10	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
L	Encens CELWWINZ	ANN HARDIGAN
	S WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 Yes no. or schools of service W.	MRS C.L. PAVIES Address, 353 PK PD. N.
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)]	/ INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Vestinge	cleroses 5 mo.
	LLUG X Conditions, if ony, which gove rise to immediate (b) Several 3e	& arteriorclarosis de gro
	couse (a), stating the under-	, *
١,	lying couse last. (c)	
) Care	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B 200. ACCIDENT WAS UNDERLYING TO DEATH OR CONTRIBUTING TO CAUSE OF DEATH III OTHER NOTIFY MEDICAL EXAMINER)	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
- 1		RED. (Enter nature of injury in Port I or Port II of item 18)
14.000.00	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. Hour o. m. 19 While Not while of work at work	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
	21. I certify that I attended the deceased fram from alive an frame 2 pt. 19 5 f., and that dec	ath accurred at 2P.M, fram the causes and on the date stated above.
	ACTUAL Harold F.M. Com	ADDRESS (Street, city, or town, state) DATE SIGNED M.D. 3008-14 Th. N. W. 7/1/53
	PHYSICIAN'S HARCLD F. MCCA	INN Washington, D.C
2	REMOVAL (Specify) July 4. 1958 ST. JAM.	
2	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS LIWIA LIAVULL 36031	LA SI WOATEUUL 3 158 CONTRACT SIGNATURE
		The state of the s



LOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 1 hours after death.		funeral	poge 3 should be detached far use as a furial-transit permit. Then please remove carban papers. Page grand 2 shauld be for	
urs afte		by the	d 2 sha	
104 + 4	A	g.	uc	
d with,n		letely fi	s. Pag	
executed		ф сошр	paper n	James
ote be e		cian an	carbar	- the
cert fice		g physi-	remove	Po Lanca
deoth		ottendin	please	, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
that the		by the o	. Then	A
quires		signed !	t permit	11
ow re	hysicior	s been	Il-transi	in a land
Nr. The	9 9	무	uric	Second Second
HYSICI	or att	s certi	use as	
NG P	ospital	Viter thi	ed for 1	and la
ATTENO	by the h	TOR: \	detach	the Paris,
1 0 5 1	tained !	L DIREC	eg plnd	AND STREET
OSPIT/	y be re	UNERA	je 3 sho	ramisher
5 5 T	E	TOF	Poor 1	, the
1	SM	10)/S7	7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08262 8271 **CERTIFICATE OF DEATH** Reg. Dist. No.

£ 1									0		
	1. PLACE OF DEATH	nce George	† s	MARYLAN	2 USUAL RESI	dence (wi	ere deceased lived and	. If institution: ${f P}_1$	esidence be	fore admissio	o) Se i s
	b. CITY OR TOWN (I RURAL and give ne Cheve	f outside corporate limitarest town) rly, Md	s, write	c. LENGTH OF STAY IN	16 c. CITY OR	town (if o	oia Park	Mary!	and we n	nearest town)	
	Prince Geo	At (If not in hospital, g rge's Gene	ral	Hospital	d STREET A	ADDRESS				e IS RESID ON A F	ARM?
	J. NAME OF DECEASED (Type or print)	Jerm		Joseph	Crowle		4. DATE OF DEATH	Month Jul;		Day Ye	
	5. SEX	6. COLOR OR RACE	7 MARRI	IED NEVER MARRIED	B. DATE OF BIRT	Н	9. AG	E (In years IF U		AR IF UNDER	
	male	white	WIDOWE	D NORCED] Aug 24,	1863	5 92	birthdoy) Mo-	nths Days	Hours	Min
	Ret	ON (Give kind of work of ing life, even if retired)	1	kind of Business or in	Was	hingt	on D. C.	1	U S	OF WHAT C	OUNTRY?
	13. FATHER'S NAME	*			14. MOTHER'S						
1		John Crow				inna M	urphy				
	1\$. WAS DECEASED EVER	R IN U. S. ARMED FOR! If yes, give wor or dates of se			7 INFORMANT	_		Address			
		n	0	none	Mrs. Elsi	e C.	Murrell	E Colu	mbia	Park,	Md.
	Conditions, if or gove rise to in couse (o), stoting the lying couse lost.	the under- DUE TO	A1	Exhausti	tie cardi						
	2 8	Senility		ONTRIBUTING TO DEATH					V PART 1(o)	PERFORM YES	AED?
		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCU	IRRED. (Enler nature a	if injury in F	Port I or Port II of i	item 18.)			
	Hour o.m.	f Month, Day, Yea 19	While of work	Not while of work	foctory, street, office	• bldg., etc.)		(County		(State)
		John T. M	12.5 Malon	loney	M.D. Chey	6;30F	_M, from the	causes and a	on the d	ate stated	oceased obave. E SIGNED
	270. BURIAL, CREMATION REMOVAL (Specify) Burial	7/22/58		22c. NAME OF CEMETER Mt Olivet			22d LOCATION (city, town, or cougton D.		(State)	
	23. FUNERAL DIRECTOR'S		4.4	ADDRESS	land			200 REGISTRAR	'S SIGNAT	Y)RE	
	F. Gasch's	Pons Hya	ittsv	ille, Mary	Land	DATE JU	L 2 4 '58	Clife	buch		



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_ < 10 HOSSIAL OR ATTENDING PHISICIAN: The law requires that the death certificate be executed within 24 haurs after death. Pog	HOY	5 TO FUNERAL DIRECTOR: After this certification share been signed by the ottending physicion and campletely filled by the temperature direct	Bod	the
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	8272	C	ERTIFICA	ATE OF DEAT	Н		Reg. Dist. N				
PLACE OF DEATH o. COUNTY Pri	nce Georges		MARYLAND	2. USUAL RESIDENCE (W. o STATE	_	ceased lived. If institution Residence before admission) b. COUNTY Prince Georges					
b CITY OR TOWN (I RURAL and give in Ch	If outside corporate limits earest town)	write c. LENGTH (OF STAY IN 16	c. CITY OR TOWN (IF		role limits, write R	URAL ond give n	earest lown)			
OR INSTITUTION	AL (If not in hospital, gives Georges Ge		ital	d STREET ADDRESS 4517	41st	Ave.		e. IS RESIDEN ON A FAR YES NO			
3. NAME OF DECEASED (Type or print)	First B aby		Middle Girl	Daley	4. DATE OF DEATH	Mon Ju		Pay Year			
5. SEX Female		MIDOWED 🗍	OVORCED [8. DATE OF BIRTH 2 July 1958		9. AGE (In years lost birthday) yrs	Months Days	R IF UNDER 24			
100. USUAL OCCUPATION during most of work	ON (Give kind of work do king life, even if retired)	ne 10b. KIND OF BUS	INESS OR INDUS	Maryland Maryland Maryland		untry)		S.A.			
Frank 15. WAS DECEASED EVE (Ver. no. or unknown)	Jones R IN U. S. ARMED FORCE (If year, give wor or dotes of seri	ES? 16. SOCIAL SECU	RITY NO. 17, IP	Violet MFORMANT	D	Add	ress				
Conditions, if o gove rise to is couse (o), stoling	mmediate (Dur TO			Th	ema	lant	7				
VO PART II OTH	(c)_	TIONS CONTRIBUTING	S TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE	CONDITION GIV	EN IN PART I(o)	PERFORMED			
PART II OTH	(c)_ HER SIGNIFICANT COND			NOT RELATED TO THE TERM			EN IN PART I(o)	19 WAS AUTO PERFORMED YES NO			
PART II OTH	(c)_ HER SIGNIFICANT COND IS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)		RED 20e. PLA		Port 1 or Part	II of item 18.)	(County	YES NO			
PART II OTH 200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR HOUR O, m. p. m. 21. I certify th	SUNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER) Y Monih, Doy, Year 19 19 10 11 12 13 14 15 16 17 18 19 19 19 19 10 10 10 10 10 10	20d. INJURY OCCUR While NoI while of work of work	RED 20e. PLA foc	CE OF INJURY (Home, for	Port t or Part m. 206, (City 2 July 200, fram	II of (lem 18.) or lown)	(County	PERFORMET YES NO			
PART II OTH 200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR HOUR O. m. p. m. 21. I certify th alive an 2 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	SUNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER) Y Monih, Doy, Year 19 19 10 11 12 13 14 15 16 17 18 19 19 19 19 10 10 10 10 10 10	20d. INJURY OCCUR While Not while of work deceased fram 2. 19	RED 20e. PLA foc	CE OF INJURY (Home, for lory, street, office bldg., et accoursed at 11.4	Port t or Part 1 206. (City 2 July 206., from ADDRESS (St.) 22d LOCAT	or lown) 1958 the causes a set city or town.	(County)	PERFORMET YES NO			



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 082648273 **CERTIFICATE OF DEATH** Rea, Dist. No 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) COUNTY **6. COUNTY** MARYLAND Prince Georges County Marvland Prince Georges erol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN [If outside corporate limits, write RURAL and give nearest town] g RURAL and give nearest town) 펻 Cheverley Md. Silver Hill Maryland d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e IS RESIDENCE ON A FARM? Prince Georges General Hospital YES NO Hollytrea Rd NAME OF First 4. DATE Middle Manth Yeor DECEASED (Type or print) DEATH Dressel 19 Jiil w 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours cample WIDOWED 3 DIVORCED [7] Female 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) puo Housewife Brooklyn: New York United States 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Anna Hahn Ludwif 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (If yes, give wor or dates of service) No Hollytree Rd. Silve CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 19 WAS AUTOPSY PERFORMED? YES NO IO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stole) factory, street, office bldg, etc.) Hour o.m. While Not while of work of work 21. I certify that I attended the deceased from July 28, 1958, to July 30, 1958, that I last saw the deceased alive on July , and that death accurred at 11 A.M. from the causes and an the date stated above. ACTUAL SIGNATURE PHYSICIAN'S R. Kenned Skipton 4500 College Ave., College Park Md. NAME (Type) 220. BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town or county) page (Stote) REMOVAL (Specify) h Cedar Hill Cemetery Suitland, Maryland 0 **ADDRESS** S & 24a. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 18265 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) irector. Tryour files. e. COUNTY 6 COUNTY Prince Georges MARYLAND b. CITY OR TOWN (if autside corporale timits write RUPAL c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly D.O.A. Bowle d. NAME OF HOSPITAL OF INSTITUTION (If not in hospital, give street address) STREET ADDRESS . IS RESIDENCE ON A FARM? D m Prince Georges General Hospital YES IND IND Springfield Road NAME OF Middle 4. DATE Year DECEASED (Type or print) DEATH be the Jeanne Rebecca ון פענונו July 19 6 COLOR OR RACE 7 MARRIED NEVER MARRIED N 8 DATE OF BIRTH 5 SEX 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS ost birthday) Mosths Days Hours WIDOWED | DIVORCED [Jan. Give Poges 1, 2, com PM3. Pogg-5-Dug. 16 CO 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or fore on country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ***** U.S.A. Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Carleton Duvall. Jr. Marjorie with form P mit. File p Jolly 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT till yes also some or dates of service) Carleton Duvall: same address as # group 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ONSET AND DEATH PART I DEATH WAS CAUSED BY: Asphyxia IMMEDIATE CAUSE (a) Office o DUE TO Aspiration of stomach contents ominer s C. Conditions, if any, which gove rise to immediate couse **DUE TO** (a), stating the underlying cours last. 6 ofing Exon PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY ъ PERFORMED? NO 200. EXTERNAL CAUSE WAS PRIMARY D OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED [Enter nature of injury in Part I or Part II of item 18.) Aspiration of vomotus 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f (City or fown) 20c. TIME OF INJURY Month, Day, Year (County) (Stote): factory, street, affice bldg, etc.) While 19 58 Md. of work of work Home Bowie Pr. Geo. 21. I certify that I took charge of the remains described above, held an Autopsy K., Inspection IX, Inquiry X. and in my forworded DIRECTOR: opinion death resulted from: Notural couses 🗍 Accident 🖾 Suicide 🧻 Homicide 🗍 Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER F 3 xecute the case should be f ASSISTANT MEDICAL EXAMINER **EXAMINER** July 29, 1958 NAME (Type John T. Maloney, M.D. DEPUTY MEDICAL EXAMINER TY 220 BURIAL CREMATION 226 DATE THEREOF 22d LOCATION (City, Igwn, or county) (Slate) 0

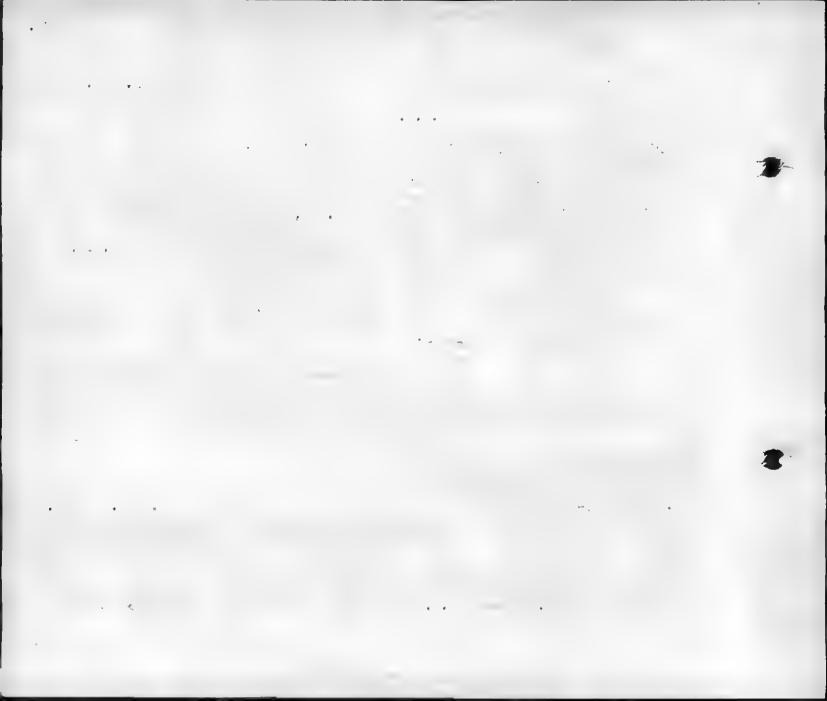
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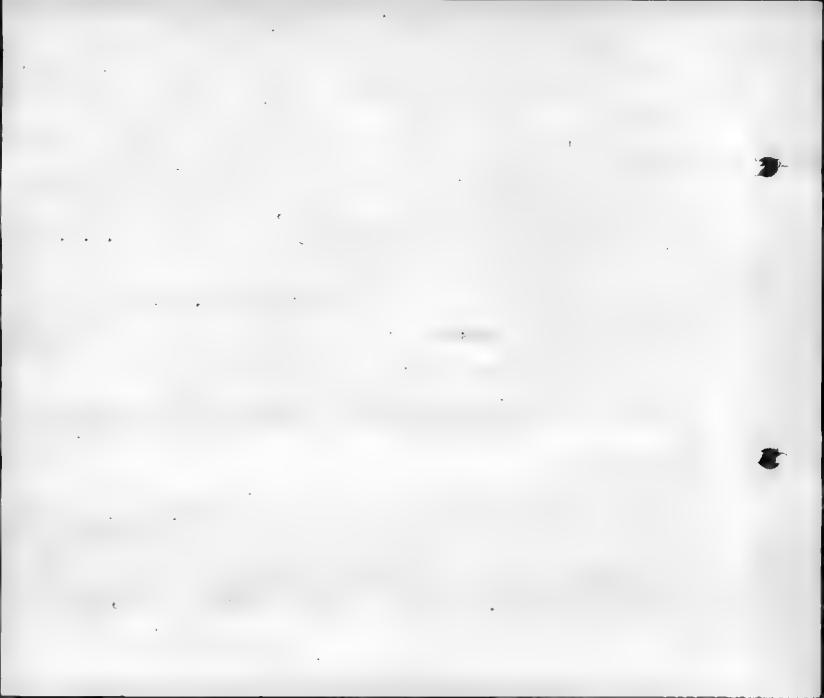
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246-REGISTRAR'S SIGNATURE

23 FUNERAL DESECTOR'S SIGNATURE

VS. ATSME





VS III5 (4) 15M 9/55 1. PLACE OF DEATH

b. CITY OR TOWN (I RURAL and give no

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NAME OF

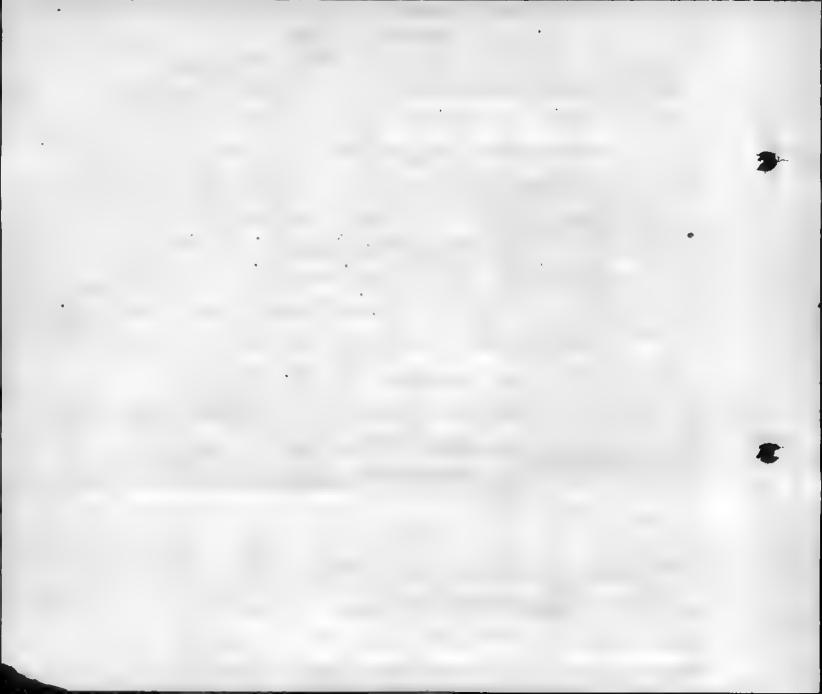
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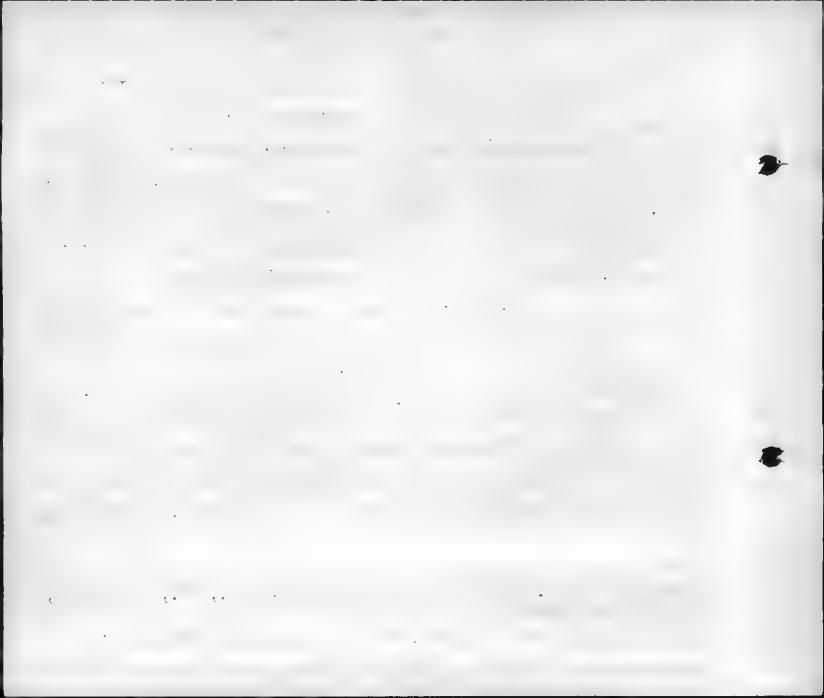
10a. USUAL OCCUPATIO

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18										
· 8317 CERTIFICA	ATE OF DEATH	Reg. Dist. No. 267								
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outside corporate limits, write c. LENGTH OF STAY IN 16 prest lawn)	c. CITY OR TOWN (If aulside carporate li									
TVILLE 25 APROX	* FORRESTVILLE	e. IS RESIDENCE								
O MARLBORO PIKE	175-30 MARL BC	CALL & FARIAGE								
WILLIAM H	EMORY DEATH	July 23 1958								
6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH 9. AC	SE (In years IF UNDER 1 YEAR IF UNDER 24 MRS thirthdoy) Months Days Hours Min								
N (Give kind of work done 10b. KIND OF BUSINESS OR INDU ng life, even if retired) RETIRED U.S. NAU	STRY 11. BIRTHPLACE (Stole or foreign country 14. BALTIMORE.)	MD. 12 CITIZEN OF WHAT COUNTRY?								
RGEEMORY	RGE EMORY MARK E. HOWE									
INFU! S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I Type, give wor or days of service) NWI TI 579-42-8765	Nettie a Emore	1 7530 Markbero Pil								
M [Enter only one cause per line for (o), (b), and (c).]	1 51 1	INTERVAL BETWEEN ONSET AND DEATH								
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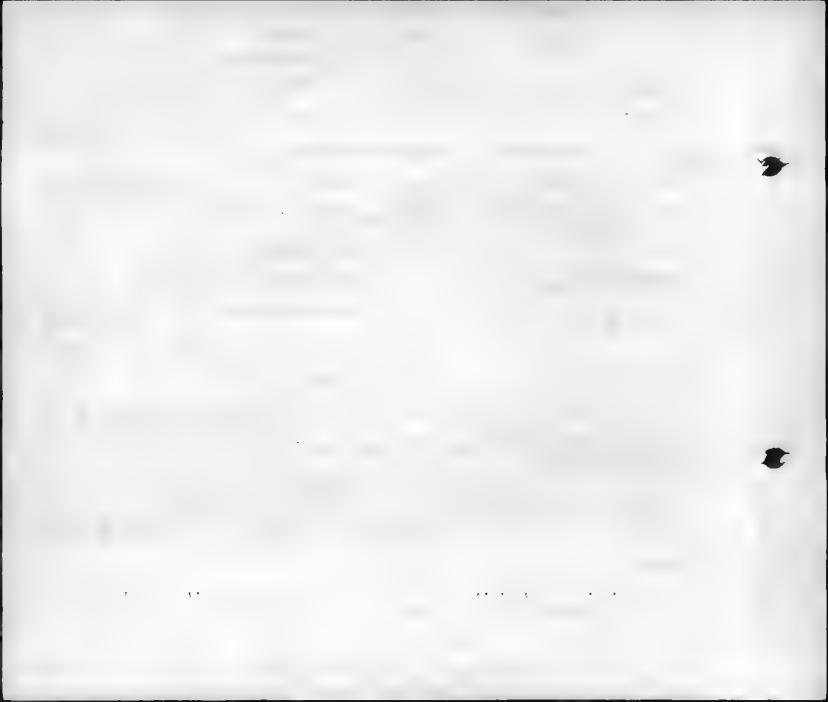
CHIEF PETTY 13. FATHER'S NAME EO 15. WAS DECEASED EVER =5 18. CAUSE OF DEAT PART I, DEAT Conditions, if an gove rise to in couse (a), staling t lying cause last. PART 18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO [7] CERTIFIC 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Day. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Year (County) (Stote) factory, street, office bldg., etc.) Hour a. ft. While Not while ot work ot work p. m. 21. I certify that I attended the deceased from 2. 19 2 that I last sow the deceased and that death occurred at M, from the couses and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lawn, or county) REMOVAL (Specify) (Stote) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24beREGISTRAR'S



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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directar			Prince Ge	orga		MA	RYLAND	2. USUAL RESIDENC o. STATE Marylai		eceased !	lived If institution b. COUNTY	nı Rasidenc Howar		dmission)
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24 hor			NAME OF DECEASED Type or print)	Svd	nev	Midd	ila	Fisher	(OATE OF DEATH	Mon Jul		Day '3	Yeor 19 58
completely fill papers. Page		5. S	Male USUAL OCCUPATION Supply myork of working	COLOR OR RACE White (Give kind of work	7 MARR WIDOWE		CED 🔲	January		896	AGE (In years lost birthday) 62 yrs.	Months	Days H	UNDER 24 HRS OUTS Min. VHAT COUNTRY
ficate be exe hysician and love carbon I ours after de		15.	FATHER'S PAME Robert Fi WAS DECEASED EVER I	sher	RCES? 16	SOCIAL SECURITY N	10. 17. II	Marian Marian		an	Addı	em		15/4
ng pt rem 72 h				yes, gave war or dates of				Hospit	al Rec	cord				
quires that the death igned by the attending permit. Then pleam in any event within	I		Conditions, if any gave rise to im- cause (a), stating the	WAS CAUSED BY: MMEDIATE CAUSE (DUE TO which mediate DUE TO		ne for (o), (b), and (ele gh	The state of the s	· A		is		INTERVONSET	AL GETWEEN AND DEATH
IAN: The law rec		CERTIFICATION	Part II OTHER 200. ACCIDENT WAS OR CONTRIBUTING [IF EITHER, NOTIFY MI	SIGNIFICANT CON UNDERLYING D I CAUSE OF DEATH EDICAL EXAMINER)	20b. DES	Inel	as	NO RELATED TO THE	lece	1-	49C	EN IN PART		NAS AUTOPSY PREFORMED?
PHYSIC of or oth his certi use as emotion		MEDICAL	20c. TIME OF INJURY Haur 6. m. p. m.	Month, Day, Ye	or 20d, It While of wor	NJURY OCCURRED Not while of work	20e. PLA foc	CE OF INJURY (Home lory, street, affice bldg	g , atc.)	f. (City o	or town)	(C	ounly}	(State)
ATTENDING by the hospite STOR: After t detached for to buriat, cri			21. I certify that alive an	attended the	deceas , 12_\$	March.	at death	occurred at	09/M		the causes a	nd on th		the deceased stated above DATE SIGNED
TAL OR retained in DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DE COMPANIO DE	- 1		SIGNATURE	M. Warre	n, M.	<i>((,1)</i> (,	- white	305 Prin	nce Ge	orge	St., L	aurel,	, Mar	yland
TO HOSPI may be a may b may be a may b a may b a		1	RURIAL CREMATION, PEMOVAL (Specify)	July 7	195	Modern ADDRESS	EMETERY OF	ge Men	Pal. REC'D BY	11	- 04	STOCK'S SIG	MATURE UNA	(Stote)
15M 9/55		-	- 17 m/c			1	ww		1111	0	0 1 00	-1-100		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08270 CERTIFICATE OF DEATH 8244 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) . COUNTY rende 5 COUNTY MARYLAND 6 b. CITY OR TOWN (If gutside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) RURAL and give gogtest town) atts in lo ס d. NAME OF HOSPITAL (If, not in hospital, give street address) A STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? roll YES NO FR NAME OF PASSIGEK Middle 4. DATE Year Month DECEASED (Type or orint) DEATH 195 6. COLON OR RACE 7. MARRIED THEYER MARRIED IF UNDER LYEAR IF UNDER 24 HRS DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours WIDOWED TH DIVORCED [7] 10a USUAL OCCUPATION (Give kind of work done during most of proving life, even if integral) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Jan ewile carbon 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME mes- O. Connor NOURS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 4 5014 Saybron 17 INFORMANT nra Helen R miller no ending 18. CAUSE OF DEATH [Enter only one cause per line for (a), [b], and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) 14. **DUE TO** Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Ġ YES NO Z 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) HE EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg, etc.] Hour a. n. While Nat white 19 of work of work p. m. 21. I certify that I attended the deceased from. Lithat I last saw the deceased and that death occurred at delice alive on M, from the causes and on the date stated above ADDRESS (Street, city or town, state) DIRECT ACTUAL shauld may be retained by FUNERAL PHYSICIAN'S NAME (Type) m BURIAL CREMATION, 226. DATE THEREOF 27c. NAME OF CEMETERY OR EREMATORY 22d. LOCATION (City, town, or county) page (State) REMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS 115 (4) JUL 15M 9/55



FOR STATE HEALTH DEPT.

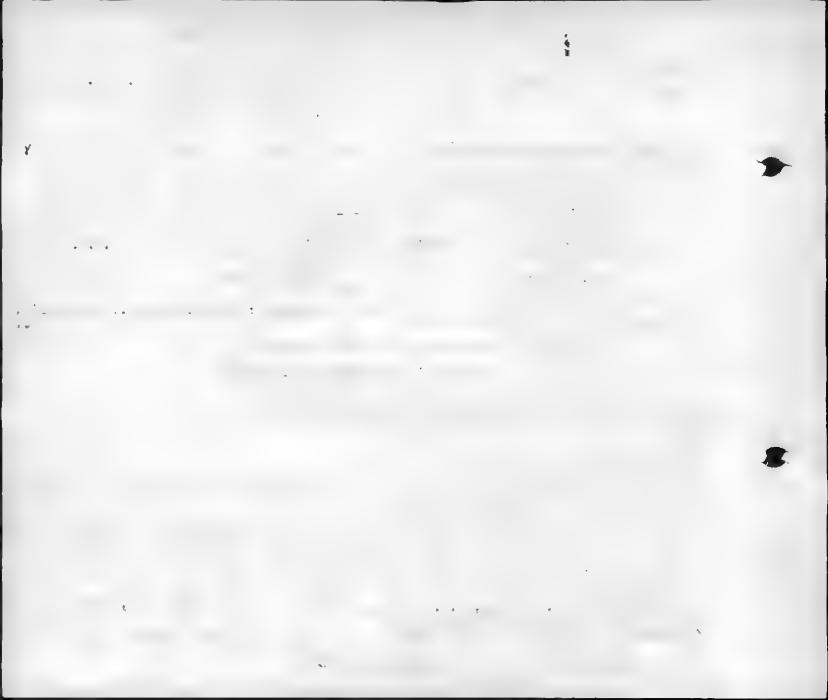
Page TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy is necessory, please execute the certificate, writing the word "sanding" in penal is Item. 18. Give Poges 1, 2, and 3 to the faperal director. Page 4 should be forwarded to the Chief M. al Examiner's Office along with form PM3. Page 5 may be recorded to your files.

TO FUNERAL DIRECTOR: Page 3 should not used as a burial-transit permit. File pages 1 and 2 with the record of penalth, or removal, and in any event within 72 hours after death.

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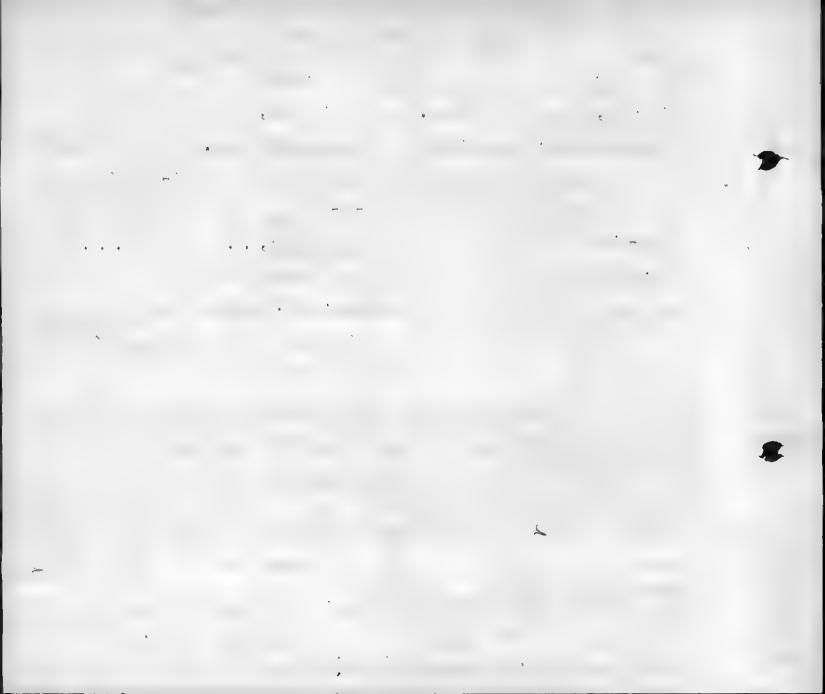
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2277

	U	~							Reg. Dis	it. No.	
a. COI			George	В	MARYLAND	2. USUAL RESIDENCE o. STATE MRTY		ed lived If instit b. COUN			mission)
b. CITY	d give negrest town	culside corporate lin	nlı, wote RURAL		OF STAY IN 16	c. CITY OR TOWN	(If outside cor	porote limits, write	RURAL and	give neorest	fown)
		AL OR INSTITUT			-	d. STREET ADDRESS	ort Foo	t Road			RESIDEN E N A FARM?
3. NAME DECEA (Type	OF LSED or print)	Frank	First	eonard	tiddia Foax	Lost	4. DATE OF DEATH	July	1.8	Day	Yeer 19 58
5. SEX Ma	le	6. COLOR OR White	RACE 7 MAR	_	MARRIED 8.	14-3-1884		9, AGE (In years lost birthday) 74 yrs	Months D	YEAR IF UN Doys Hour	DER 24 HRS
Reti	red car	ig file, even if re	fired)	kind of Busil		Virginia		country)		U.S.A.	T COUN'R
13. FATH	ER'S NAME	ward F	prac			14 MOTHER'S MAIDEN	Ellie	tt			
15. WAS	DECEASED EV	ER IN U. S. ARM	ED FORCES? 1	6. SOCIAL SECU	RITY NO. 17. IN	FORMANT		Address	l .	- 444	Albert Al
Coni (e), Con	ditions, if a prise to immerstating the sea lost.	ny, which diote cause underlying DU	USE (o)	iyperten	SIVE CAY	diovasculat	r disea	E CONDITION GI	VEN IN PART	I(o) 19. WA. PERI	S AUTOPSY FORMED?
	SE OF DEATH.	NTRIBUTING []				nter noture of injury in F					
20c.	TIME OF INJUI Hour p. m. p m.	RY Month, De	WI	INJURY OCCU	ile facto	E OF INJURY (Home, for ry, street, office bldg., o	erm, 120f, (Cit)	or town)	(Cour	nty)	(Stole)
opii	nion death	nat I took ch resulted from		_	_	re, held on Auto		nspection X	, Inquiry	onner [ind in my
EXA	MAYURE	thn	J. 17	later	- Car	_M.D. CHIEF MEDICAL ASSISTANT MED	DICAL EXAMINE			DATI	SIGNED
220 PUR	ME (Type) IAL, GREMASIC O'. AL (Specify) RAL DUTTETOR	7/21	Malone US	BORES	CERTEN OR		224 LOCA	ON (City, fown,	or sounix	1958 , 7 (SI	ote)
7	- 711	ack.	John	Lya	Manl	o ino	JUL 21	'58 Q	Shed	uch	



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8279 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. Files. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived 17 institution, Residence before admission) Poge o. COUNTY **b** COUNTY MARYLAND Prince Georges b. CITY OR TOWN (If outside corporate limits, write RuRA) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town) red for your i and give nearest town] Upper Marlbere D.O.A. Cheverly d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Rt. 1. Box 30 Prince Georges General Hospital 3. NAME OF DATE Lost Month DECEASED ony o the l July (Type or print) Elizabeth DEATH Greer 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED 1 8 DATE OF BIRTH 5. SEX 9. AGE (In years with 15 yo Colored WIDOWED | DIVORCED [fter death. 1, 2, and : Fage 5 m Table le 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 22 during most of working life, even if retired) Maryland Housewife Hem 18. Give Pages along with form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME podes Nat Douglas 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [il yes, give war or dates of service] Amnabelle Greer: same address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: nding ... Street a burial-transit p Acute congestive heart failure IMMEDIATE CAUSE (a) 4422 **DUE TO** Cardiovascular renal disease Conditions, if any, which gave rise to immediate cause DUE TO (a), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS AUTOPSY CERTIFICATION 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Fort II of Item 18) 20a, EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | ef M ¥ 40 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not while of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry CTOR: apinian death resulted fram: Natural causes 🔼, Accident .

08273

ON A FARMS

YES NO

Year

19

Hours Min.

IF UNDER TYEAR IF UNDER 24 HRS

12 CIT ZEN OF WHAT COUNTRY?

U.S.A.

Days

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Reg. Dist. No.

Months

Pr. Gee.

THE DESCRIPTION Florence Diggs INTERVAL BETWEEN DNSET AND DEATH PERFORMED2 NO D (County) (State) and in my Svicide , Hamicide , Undetermined manner DATE SIGNED ASSISTANT MEDICAL EXAMINER [7] July 24. 1958 DEPUTY MEDICAL EXAMINER TO 72d LOCATION (City, lown, or county) (Stole) Upper Marlboro. 646 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

CHIEF MEDICAL EXAMINER

VS. A15ME 5M 2 57

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ACTUAL

SIGNATURE

EXAMINER'S

NAME (Type)

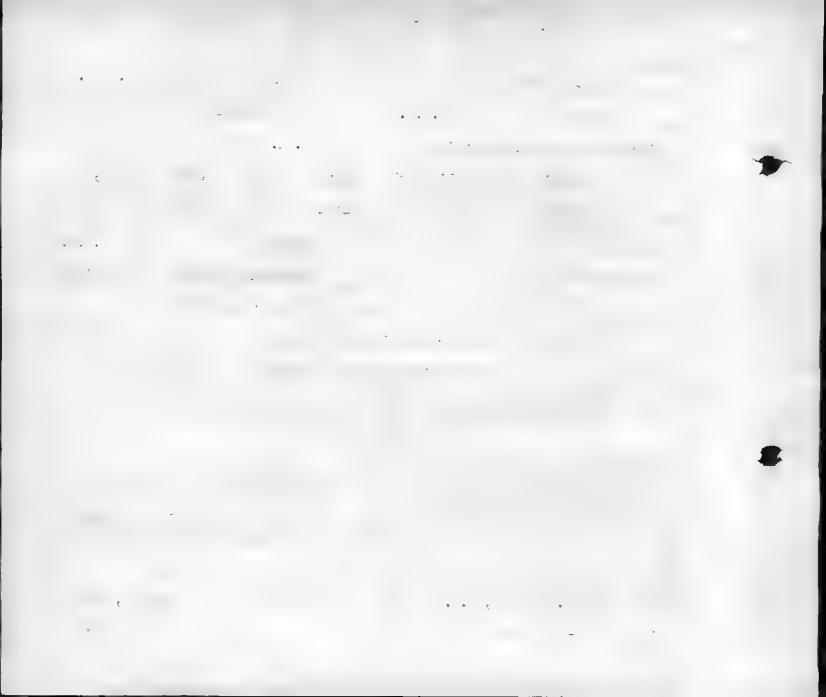
Burial

220 BURIAL, CREMATION | 226, DATE THEREOF

John T. Maloney. M

-58

Union church



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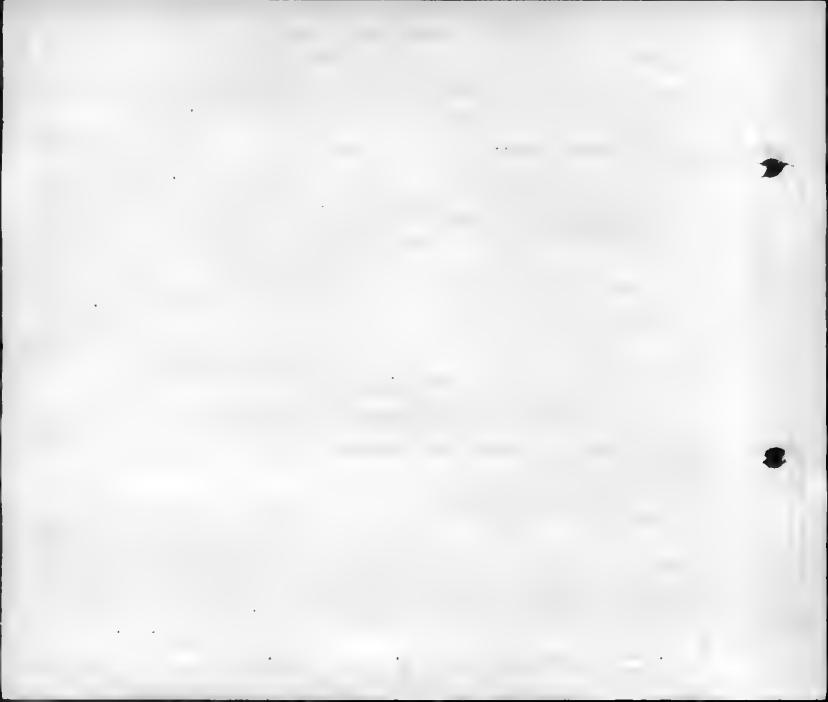
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

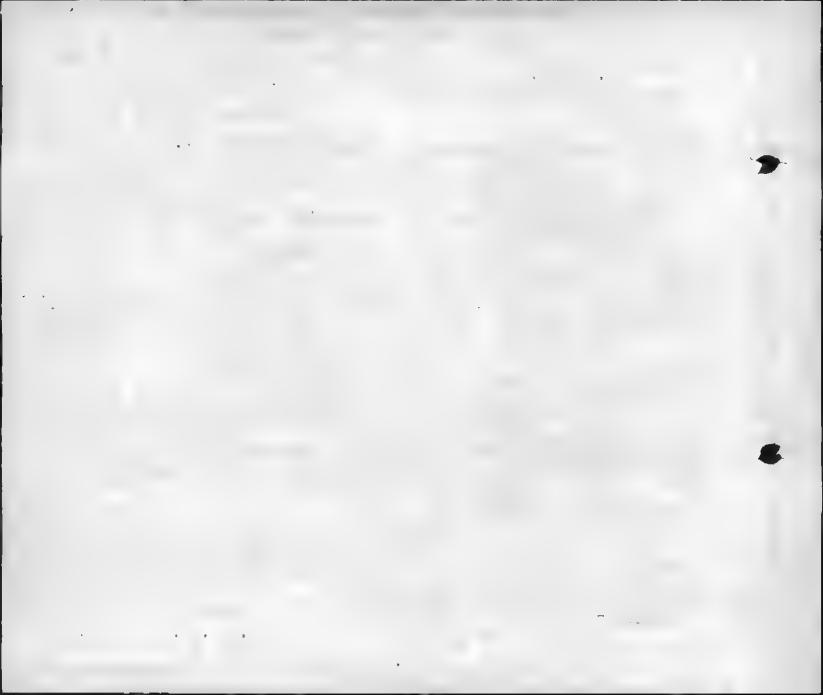
8245 **CERTIFICATE OF DEATH**

08274 Reg. Dist. No

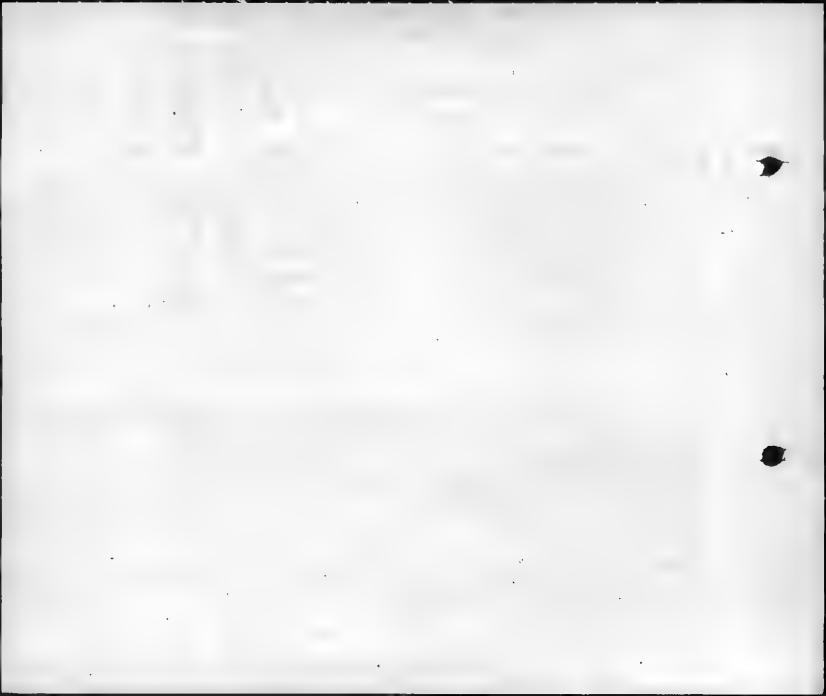
1. PLACE OF DEATH O. COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) o STATE Maryland b. COUNTY Prince George's
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville Md	c CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) Hyattsville Md.
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 4006 Oliver Street.	d. STREET ADDRESS 4006 Oliver Street o. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF First Middle DECEASED (Type or print) Eddie	Grove 4. DATE Month Doy Year OF DEATH July 14, 19 58
female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White WIDOWED DIVORCED M	B. Date Of Birth Oct 4, 1889 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress Jelleff Compan	
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Mitchell Sr	Lillie Dolin
	INFORMANT Address
	Mrs Audrey Follin Hyattsville Md.
PART I. DEATH [Enter only one couse per the for (o), (b), gnd {c} } PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE {o} OUE TO Conditions, if ony, which gave rise to immediate cause (o), stoling the under-lying cause lost. (c)	natoria observable with
PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BU 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	T NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\sigma\) NO \(\sigma^2\)
200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I ar Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P. Hour a. m. 19 While Not white of work of work	*LACE OF INJURY (Home, form, 20f. (City or town) (County) (State) actory, street, affice bidg, etc.)
21. I certify that I attended the deceased from 174/5 alive on 195 and that deal ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	h, occarried at 10/1/14, from the couses and an the date stated above ADDRESS (Street, city or lawn, state)
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CO. BURIAL PROCESSOR STREET TO THE PROC	OR CREMATORY 22d. LOCATION (City, fown or county) (Slote) Coln Cemetery Colman Manor. Md. //
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. Gasch's Sons Hyattsville Md.	240. REC D BY REGISTERAR ZAD REGISTRAP SOSIGNATURE DATE JUL 1 7



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admiss on) o. COUNTY Prince George's Filed b. COUNTY MARYLAND Maryland Prince George's b. CITY OR TOWN (If outside carporale limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give negrest lawn) RURAL and give nearest lown) College Park, Md College Park. Md. 5 vears d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RES DENCE OR INSTITUTION 8205 Baltimore Boulevard 8205 Baltimore Boulevard YES NOTE 4. DATE DECEASED ENJAMIN OF DEATH (Type or print) 10 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED THE 5. SEX WE UNDER I YEAR IF UNDER 24 HRS AGE (In years lost-birthday) Manths male white House WIDOWED | deoth. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even it retired) Barber New York USA ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Henry Unknown hours 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Annie B Henry College Park, Md. 22 within 18. CAUSE OF DEATH [Enter only one couse par-line for (a) (b), and, (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19 PERFORMED? YES 🗍 NO 🖼 200 ACCIDENT WAS UNDERLYING () OR CONTRIBUTING () CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18.) MEDICAL matian. 0.5 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY [Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) Hour a. m. foctory, street, office bldg., etc.) While Not white of wark a ol work p. m. 21. I certify that I attended the deceased from ___.that I last saw the deceased ative an , and that death accurred at M, from the causes and an the date stated above ACTUAL SIGNATUR 3 should PHYSICIAN'S NAME (Type) registrar 220 BURIAL CREMATION, 226, DATE THEREOF 22c. NAME OF CREMATORY 22d LOCATION (City, town, or county) pode (State) REMOVAL (Specify) 7/26/58 Ft Lincoln Crematory Colmar Manor, Md Cremation 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24o, REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE VS A15 (4) F. Gasch's Sons DATE JUL 2 5 '58 Hyattsville Md. 35M 10/57



VS A15 (4) 15M 9/55

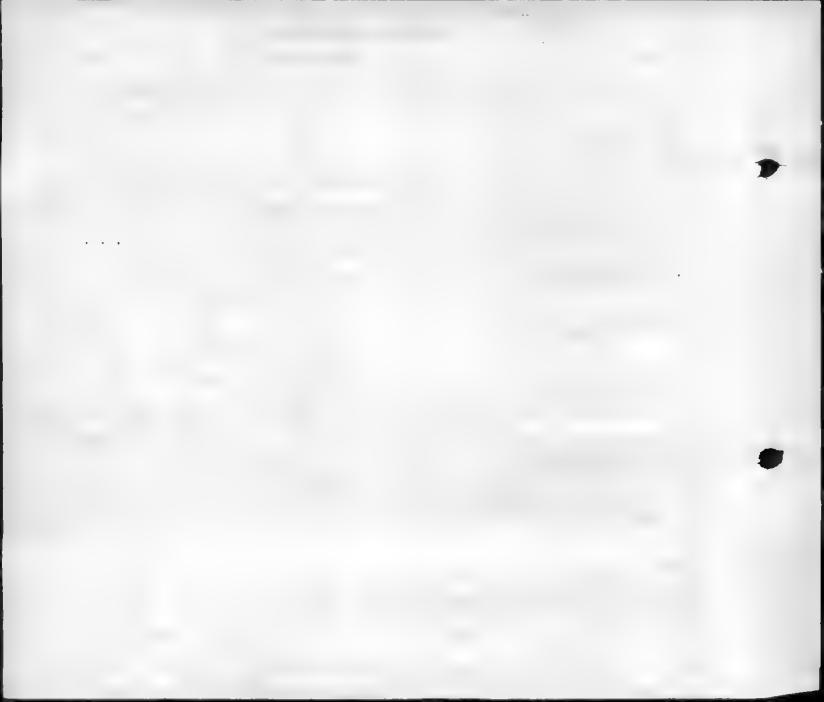
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8280

CERTIFICATE OF DEATH

08277

Page Diet No

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	1. PLACE OF DEATH o COUNTY			MARYLA	- 11	USUAL RESIDENCE	(Where decease	d lived. If instituti	on Residence	before od	mission)
	Prince (eorge		MARTIA	ND	Maryland Montgomery					
	b. CITY OR TOWN (RURAL and give n	f outside corporate limits, carest town)	write c. LEN	16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)						
	Laurel					Burtons	ville		15 x		
	d. NAME OF HOSPIT	AL (If not in hospital, give	e street oddress)			d STREET ADDRES	5			e. 15	RESIDENCE
		General Hosp									NO D
	3. NAME OF	First		Middle		Lost	4. DATE	Mor	ith	Day	Year
	(Type or print)	Georg	(a)	Æ		Hurst	OF DEATH	Ju]	ly	30	19 58
	5. SEX	6. COLOR OR RACE 7	MARRIED T	NEVER MARRIED	□ 8. D	ATE OF BIRTH		9. AGE (In years			NDER 24 HRS
	Male	White	VIDOWED 🔲	DIVORCED [_ A	pril 16,	1909	lost birthday) 49 yrs.	Months E	Days Hou	ırs Min.
	100 USUAL OCCUPATIOn of work	ON (Give kind of work do king life, even if retired)	na 106. KIND C	F BUSINESS OR I	NDUSTRY	11 BIRTHPLACE (S	late or foreign (country)	I2, CITIZ	EN OF WH	AT COUNTRY?
	Contracto		Con	struction		Color			U.	S.A.	
	13. FATHER'S NAME				1	MOTHER'S MA DE	N NAME .				
	J. William	Hurst				110	come	L Si	dbeck		
		R IN U. S. ARMED FORCE		SECURITY NO	17, INFO	RMANT		Add	F@65		
						Hosp	ital Re	cords			
	IB. CAUSE OF DEA	ATH [Enter only one coust	e per line for (c	o), (b), and (c)]		Ų,	16			INTERVAL	BETWEEN
	PART I DEA	PART I DEATH WAS CAUSED BY MADE AND BEATH MADE AND									
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	Canditions, if o		to I	INCE	57	DECORDE 944					
	gave rise to i										
	lying cause lost.	(c)_									
	Z PART II OTI	HER SIGNIFICANT CONDI	TIONS CONTRIB	SUTING TO DEATH	BUT NO	RELATED TO THE TE	RMINAL DISEAS	SE CONDITION GIV	EN IN PART	1(a) 19. W	AS ALTOPSY
\supset	ATI		,								RFOPMED?
	200 ACCIDENT W	LS LINDEPLYING FI 20	DESCRIBE H	OW INITIPY OCC	IIPPED /F	nter noture of injury	In Port 1 or Por	et II of item 18 \		- 1	<u> </u>
	ULL FEITHER, NOTIFY	S UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	vo. Describe i	O11 11 17 OKT OCC	ORRED. (a	me notice of injury					
	3 20c. TIME OF INJUR	Y Manth, Day, Year	20d INJURY C	CCURPED ,20	e PLACE	OF INJURY (Home,	form, 20f (Cit	y or town)	{Co	unty)	(State)
	20c. TIME OF INJUR	. 19		at white wark	factory	street, office bldg.,	etc.)				
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	∠1. 1 certify ™	of lattended the d	eceased tro	m-ffff		-, 17- 10-	75/1-0	المحال المحارب	,that I la	ist saw th	he deceased
	alive on	1-20/-5-6) 12	., and that/di	eath oc	curred at /_(_)		m the causes of		e date st	, /
		ADDRESS (Street, city or town, state) DAYÉ SIGNED									
ł	SIGNATURE	3 / //	6444	ULC.	M.D.		Challed.	-7-4-6	146	= (2)	11/1
I	PHYSICIAN'S	1/22/14	000	- 1						' (/50
	NAME (Type)	J. M. W	HICK.	EN	re-minute-						
	220 BURIAL, CREMATIC	N DATE THEREOF	22c. h	NAME OF CEMETE	RY OR CE	EMATORY /	22d LQCA	TION (C ly town,	or county)	(7,1	Stote
	MEMOVAL (Specify)	Wing 2	1958	StIV	a.	har Cen	1.072	rist in	-1	M	d
	23. FUNERAL DIRECTOR	S SIGNATURE	, Al	DDRESS		5 240 1	EC'D BY REGIS	TRAR 246 REGI	STRAR'S SIGN	NATURE	
	1 Vellin	Theann	Oden	Lac	ull	Med DATE	AUG 5	58 1718	1		z



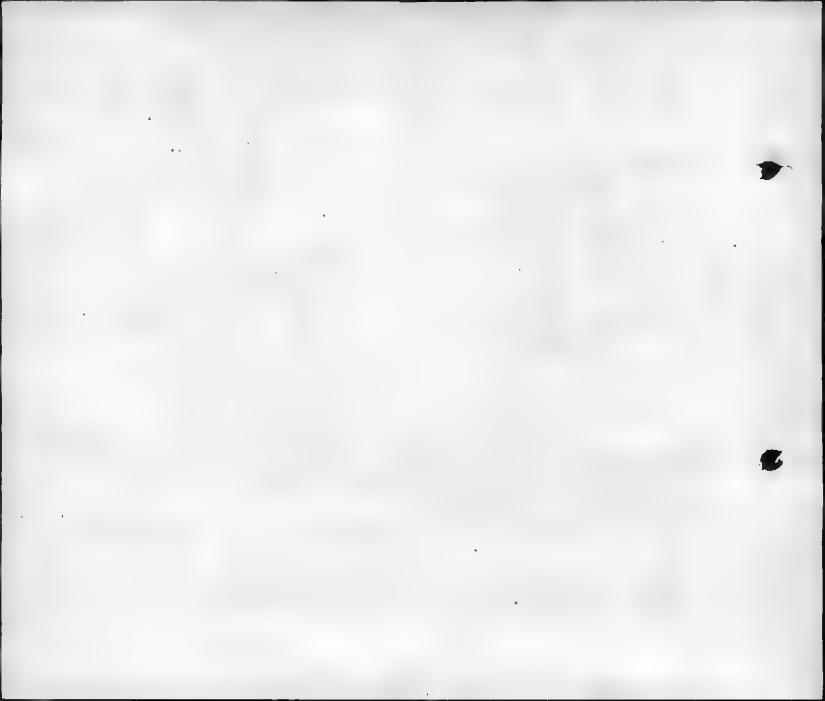
Ttems 2,7 CERTIFICATE OF DEATH 05278Rea. Dist. No. PLACE OF DEATH / rence 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Upper Marlbora, b. COUNTY MARYLAND MD. Prince George's death c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporale limits, write-RURAL and give nearest lawn) Life Hoper Marlboro d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? 24 MD. YES NO NAME OF First Middle Last. 4. DATE Year DECEASED OF DEATH (Type or print) 5 SEX DATE OF MRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Days Haurs Min 7. MARMED NEVER MARMED WIDOWED TE - DIVORCED 8-15 100 USUAL OCCUPATION (Give kind of work done) 106 KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Unemployed even if retired) Toper Marlboro U.S. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Isabelle Frisby William Bell physici 15 WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address Mrs. Isabelle Mathews Upper Marlbors egse 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ă ONSET AND DEATH PART 1, DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) ma DUE TO Conditions, if ony, which (6) gave rise to immediate **DUE TO** cause (a), stating the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 3-200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 80 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f (City or Jawn) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg, etc 1 Haur a. m. While Not while at work at wark 19/22 That I last saw the deceased 21. I certify that I attended the deceased from, 2, and that death accurred at 5-12M, from the causes and on the date stated above. alive an ADDRESS (Street, city or town, state) ACTUAL shaufd PRESENTE LABOR. To NAME (Type) 220 BURIAL, CREMATION, 27b. DATE THEREOF 22E NAME OF CEMETERY 22d LOCATION (City, town, or on FUNERAL DIRECTOR'S SIGNATURE 24a. REC D BY REGISTRAR 24b REGISTRAR'S SIGNATÜRE!

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



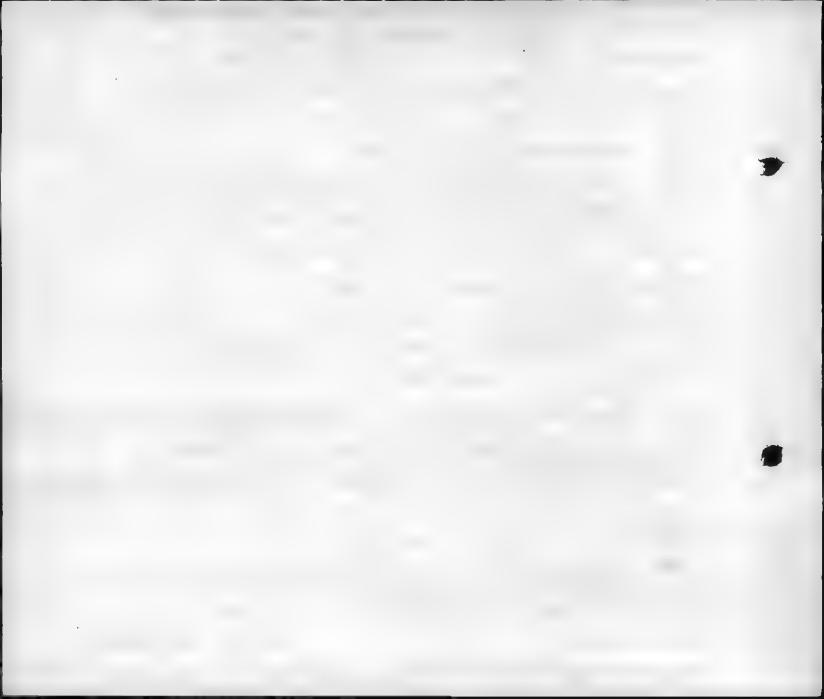


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No LTH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution; Residence before admission) e. COUNTY Prince Georges b COUNTPrince George's MARYLAND b. CITY OR TOWN I'll outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marlow Heights Hillcrest Heights Transient d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RE DEN E ON A FARMS 5851 28th avenue YES 📋 NO 🌋 3. NAME OF DECEASED Middle DATE First Lou Year (Type or print) July 7, 1958 Earl Keith DEATH Leon 19 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 18 DATE OF BIRTH 9 AGE (In years IF UNDER TYEAR IF UNDER 24 HIRS 29 Months Days Hours white male WIDOWED [7] DIVORCED [100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? S Government Maine Air force 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thelma Lowe Anson Keith 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 114. SOCIAL SECURITY NO 17. INFORMANT Address (If yes, give war or dates of service) H. llcrest Heights. Md. Carol Keith n service now 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) _Asphyxia . **DUE TO** Conditions, if any, which M Acute carbon monoxide poisoning gave rise to immediate couse **DUE TO** (a), slating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NOVE 200. EXTERNAL CAUSE WAS PRIMARY AND OF CONTRIBUTING (20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) CAUSE OF DEATH. n hose from exhaust of car into car [20d. [NJURY (Home, form, 120d. [City or fown)] 20c TIME OF INJURY Month, Day, Year (State) factory, street, office bldg., etc.) 5 Pot work | of work | Morlow 21. I certify that I took charge of the remains described above, held an Autopsy 🗍 Inspection Inquiry and in my opinion death resulted from: Notural causes -Accident Suicide , Homicide , Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURS ASSISTANT MEDICAL EXAMINER [7] **EXAMINER'S** I. Boyd James DEPOTY-MEDICAL EXAMINER KIX July 7, 1958 NAME (Type) 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Stote) 70 ADDRESS LINERAL DIRECTOR'S SIGNATURE VS. ATTIME DATE



CERTIFICATE OF DEATH 8246 with of director, filed with). PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o STATE b. COUNTY -MARYLAND Ince George 0190 death. unerol pe b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY, IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) From 5 should een adows VATTSYL haurs ofter d NAME OF HOSPITAL (If not in hospital, give street oddress) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES I NO D NAME OF 4. DATE Middle Monfil Day Year DECEASED OF DEATH (Type or print) 1958 within ' 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS dast birthday) Months Days WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? 11. SIRTHPLACE (State or foreign country) during most of working life, even if retired) one carbon offer 13. FATHER'S NAME physician 0 hours remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT attending please CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) 24 Mainrace 1000 DUE TO þ permit. Conditions, if any, which Bued gove rise to immediate **DUE TO** couse (a), stating the underond lying couse lost. rial-transit (c) physicion PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 0 YES NO P g. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port II or Part III of item 18.) PHYSICIAN: offend 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (Slote) Hour o p. foctory, street, office bldg., etc) While Not while 19 ot work at work p m. 21. I certify that I attended the deceased from Man 195 K that I last saw the deceased and that death occurred at 4:00 AM, from the causes and on the date stated above. alive on_ ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL prior should ö FUNERAL I PHYSICIAN'S O HOSPITAL NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME 22d. LOCATION (City, town, or county) (State) poge YOE. REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRARS-SIGNATURE VS A15 (4) DATERIT 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15 (4) 15M 10/57

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STIPL OR ALLENDING PRINCIPAL IN 100 TOWN requires that the death certificate be exacuted within 2 hours after death. Indee 4	be retained by the haspital or attending physician.	VERAL DIRECTOR: After this certification to been signed by the attending physician and campletely filled to the foneral director.	3 should be detached for use as the description of the please remove carbon papers. Pages 1 2 should be filed with	rio
	din	0	ould	EL IN
-	2	RA	sho	strd
2	Pe	4	n	Ö

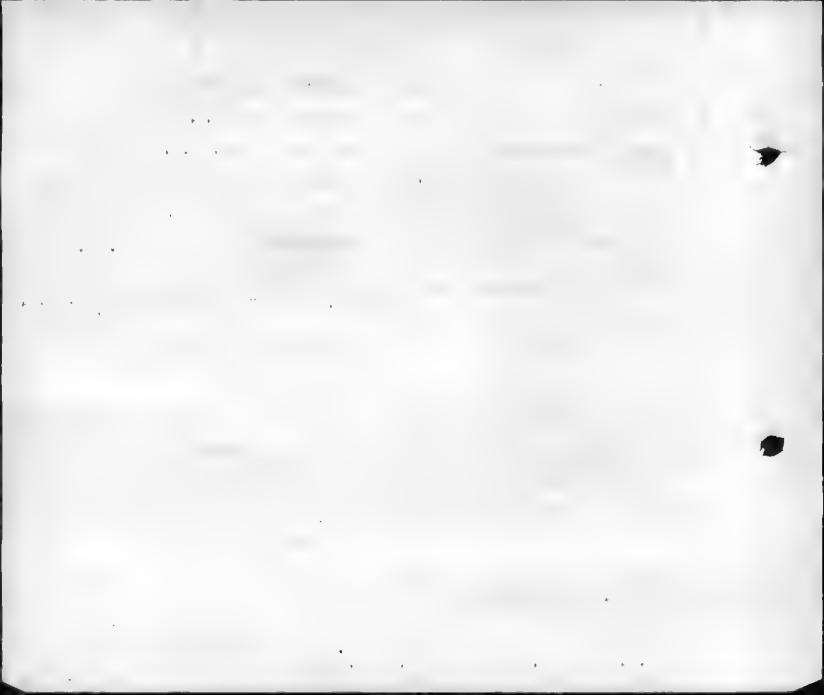
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8281

CERTIFICATE OF DEATH

08282

Reg. Dist. No.

1, PLACE OF DEATH	0	o. STATI	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY							
	(If outside corporate limi	its, write	c LENGTH OF STAY IN 16		c. CITY OR TOWN (If outside corparate limits, write RURAL and give negrest town)					
RURAL and give of		4					6	4		
	TAL (If not in hospital, a	ive street	days days	d. STRE	ET ADDRESS	ington	D _e C _e	<i>I</i>	/ ·	RESTDENCE
	George Gene	ral		1627	Varmus	Place	. N.E.			ON A FARM?
3. NAME OF	Fi		Middle		Lost	4. DATE	Mo	nth	Day	Yeor
(Type or print)	Est	hor	M.	Kiat	ta	OF DEATH	_	ılv	26	1958
Female	6. COLOR OF RACE	7. MARR	NEVER MARRIED		71901	9	AGE (In years last birthdoy) 56 yrs.	Months		UNDER 24 HRS
10a. USUAL OCCUPATI	ON (Give kind of work	done 10b	KIND OF BUSINESS OR INC	OUSTRY 11. BIR	HPLACE (Stote	or foreign cou			IZEN OF W	HAT COUNTRY?
during most or wor	rking life, even if retired OMG	1			banon		**	- 1	U.S.A.	
13. FATHER'S NAME	-		``		ER'S MAIDEN					
Shad1d	Farrah			Į	Inknow	n				
15 WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16.		ohn H	Kiat	ta- 16	27. Var	num on D	Place	e, N.E.
Conditions, if a gove rise to a cause (o), stoling lying couse lost.	the <u>under-</u> DUE TO	99	lono consci	en come	7	ugh	1 he	est.		
3		DITIONS C	ONTRIBUTING TO DEATH BE	JT NOT RELATED	TO THE TERM	INAL DISEASE (CONDITION GI	VEN IN PART	PE	AS AUTOPSY ERFORMED?
O TOP ETHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	TRIBE HOW INJURY OCCUR	RED (Enler natu	re of snjury in	Port I ar Part II	af item 18)			
20c. TIME OF INJUI Hour e.m. p.m.	RY Month, Day, Yes	While of work	Not while	PLACE OF INJU factory, street, o	RY (Home, farm ffice bldg , etc	20f. (City o	r town)	(C	ounty)	(Stole)
21. I certify th	hat I attended the	decease	ed from Manch	, 195	127 to 7	1/26/	15.0	2that	ast saw t	the deceased
alive an	uly 25	19.5	8, and that dea	th accurred	at 12 .2	DM, from				
ACTUAL SIGNATURE										
NAME (Type) DX	George Ha	agoag	0							
BUT 181		58	Glenwood (ng ton	100	1	(Stole)
23. FUNERAL DIRECTOR				.D.C.	24a. REC'	D BY REGISTRA	R 700 REGI	STRAR'S SIG	NATURE	
The S.H.I										



2257

CERTIFICATE OF DEATH

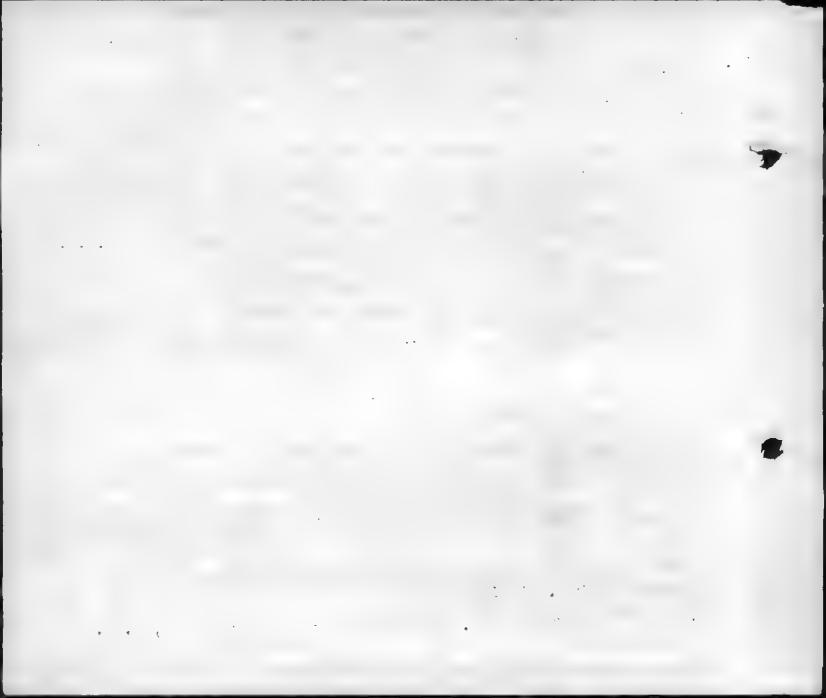
08283 Reg Dist No

<u> </u>		ref. visit, 140.							
1.	PLACE OF DEATH COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY							
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give necess town) Hyat use (If outside corporate limits, write)	c. CITY OR TOWN (If outside corporate limits, write RORAL and give negrestration)							
	d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION Warral Mano	2726 Com. a. n. W ves no no market							
3.	NAME OF DECEASED (Type or print) Margaret M.	KILLER DEATH 7 Day Year 1958							
L	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 5/2/1873 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min M							
\mathbb{Z}	during most of working life, even if retired) B. FATHER'S NAME OUTGOT DOOR CONTROL								
1_	GEORGE_KILLEEN	MARGARET RILEY							
15. (Y	(ot. 60, or unknown) I (If yes, also war or date, of service)	INFORMANT Address							
-		ATHERINE HART-NETCE							
П	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH							
	IMMEDIATE CAUSE (0) STORMAL REMINISTRA ONE day								
	Conditions, if any, which) (b) Cerebral Vascular accident 3 months								
	gove rise to immediate couse (o), stoling the under- lying couse lost. DUE TO Lyng Cardio-Udelular Ruel disary Chroin								
CATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO MA							
MEDICA CERTIFICATION	206. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)							
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the control of the c	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Slate) story, street, office bldg., etc.)							
	21. I certify that I ottended the deceased from Summo	a occurred of 11.68 M, from the couses and on the dote stated obove. ADDRESS (Street, city or town, state) DATE SIGNED							
	ACTUAL SIGNATURE SIGNATURE SIGNATURE SIGNATURE	MO 2731 Coun. are 1. W. J.							
	PHYSICIAN'S Frank L. Williman	Washington(8) of C.							
22	22. DATE THEREOF Mt. Clivet	Cemetery Washington, D. C. (Stole)							
23	DE FUNERAL DIRECTOR'S SIGNATURE Sous Was high	240. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE DATE JUL 9 '58 CHILLAGUELLA							

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

THE FULLERAL HIRECTOR: After this certifical as been signed by the attending physician and cample by filled page 3 should be detached for use as the alternast permit. The please remove carbon paper. Pages 1 the registrar prior to burial, cremation, ar remayol, and in any event within 72 haurs after Health. VS A15 (4) 15 1 1/55

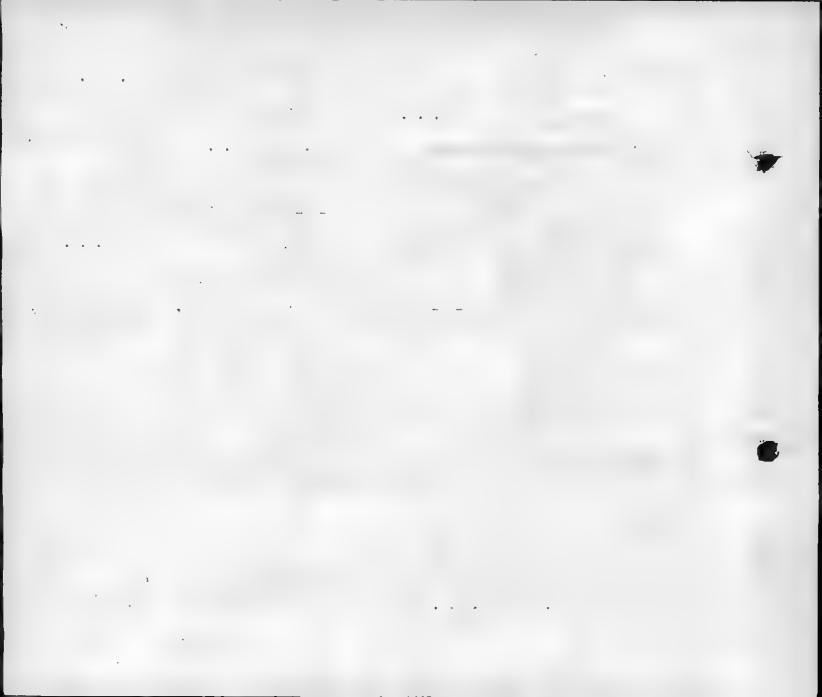
by the funeral director, d 2 should be filed with



1			MARYLAND STA	TE DEPARTM	ENT OF HEALTH	I—BALTIMORE, 1	08284
	Paris,		2222	CERTIFICA	ATE OF DEATH	I	Reg. Dist. No.
director led with	W)	1, 1	PLACE OF DEATH a. COUNTY	MARYLAND	o. STATE	b. COUNTY	ran Residence befare admission) Prince Geoges
	/		b. CITY OR TOWN (II) outside carpolate limits, write c. LEN RURAL and give nearest town)	IGTH OF STAY IN 16	c. CITY OR TOWN (If or		RURAL and give nearest lawn)
(C)			d. NAME OF HOSPITAL (If not in haspital, give street address)		. Washing	bon 27 D.	e. IS RESIDENCE
42 st	77		OK INSTITUTION	snital	590h	R Street	ON A FARM? YES NO
700		. (NAME OF First DECEASED	Middle	Lost	4. DATE Mor	40
ly full Pages		5. S	(Type or print) Baby SEX 6 COLOR OR RACE 7 MARRIED	NEVER MARRIED 📆	Klotz B. DATE OF BIRTH	9. AGE (In years lost birthday)	
aplete ers.		10-	Wale White WIDOWED	DIVORCED 🗍	7/10/58	yrs	10 32
n pape death.		100	. USUAL OCCUPATION (Give kind of wark dane 10b KIND C during most of warking life, even if retired)	OF BUSINESS OR INDU	TRY IT BIRTHPLACE (State of	or foreign country)	12 CITIZEN OF WHAT COUNTRY
cion and carban coffer de	7	13.	FATHER'S NAME		14. MOTHER'S MAIDEN N		
phys ci	I		Raymond Klotz WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL	SECURITY NO. 17 1	Elsie MFORMANT	Criag	frets .
tending polease ren		(701	(If yes, give wor or dates of service)				
attend n plea within			18. CAUSE OF DEATH [Enter only one couse per lane for (c PART I. DEATH WAS CAUSED BY	i), (b), and (c).]			INTERVAL BETWEEN
the Ther			IMMEDIATE CAUSE (o) 1 / / X DUE TO	con an			- Line
ed by			Conditions, if any, which) (b) gave rise to immediate DUE TO		V		
n sign sit pe			lying cause last. (c)				
physici as bee idi-trar noval, c	0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	DUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	VEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
fice the		CERTIFI	206. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HI OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRE	Enter nature of injury in P	ort I or Part II of ilem 18.)	
I ar att		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY C Haur a.m. White N p. m. 19 at wark of	OCCURRED 20e. PL/ fact while work	CE OF INJURY (Home, form, tary, street, office bldg., etc.)	20f. (City or tawn)	(County) (State)
d for it, cre		^	21. I certify that I attended the deceased fra		1 8, lo	7/10,195	that I last saw the decease
OR: A efoche a buric			alive on 7, 10 19 5	, and that death		M, fram the causes of	and on the date stated above
be d ior y			SIGNATURE DE LA LA	m	NO 52418	7. Sam	alas RI]./11
retoine tAL DI thould trar pr			PHYSICIAN'S NAME (Type)		Was	Runaton	21.DQ. /11
D FUNER.		220	REMOVAL (Spicify)	MME OF CEMETERY OF	R CREMATORY	22d. LOCATION SELF LOWN,	of county) (State)
E O 4.		23	TYNERAL DIRECTOR'S YENATHIE	PORESS	24a. REC'0	BY REGISTRAR 24b. REGI	ISTRAR'S SIGNATURE
VS A1S [4] 1SM 10/57		1	W Zells Wash 1). C.	DATEJUL	15'58 (Leauch
	٠	7	2077141XUA				



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0.8285MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. FALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY Page o STATE 6 COUNTY Pr. Geo. files. Prince Georges Maryland MARYLAND b CITY OR TOWN (if outside corpo uto timits, we to RURA. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) and eve opposit town? rector. Hillside Cheverly D.O.A. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) A. STREET ADDRESS · IS RESIDENCE ON A FARM? 5500 M. Street S.E. Prince Georges General Hospital YES NO DE NAME OF DATE Lost Month DECEASED 58 Lare DEATH July (Type or print) Joseph Raymond 6 COLOR OR RACE 17- MARRIED TO NEVER MARRIED TO B. DATE OF BIRTH 9 AGE (In years IFUNDER TYEAR IF UNDER 24 HPS last birthday] Months Hours Days WIDOWED | DIVORCED [69 Male white 100 USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 6 Plumbing Pennsylvania U.S.A. Retired pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Elizabeth Reigner Franklin 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO Jeseph Lare: 811 49th Ave., Capitol Heights, Md INTERVAL BETWEEN TR CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] CINSET AND DEATH PART I. DEATH WAS CAUSED BY Acute congestive heart failure IMMEDIATE CAUSE (6) DUE TO Cardiovascular renal disease Conditions, if ony, which) gave rise to immediate couse! **DUE TO** (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101179, WAS AUTOPSY PERFORMED? 0 NOT 20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part Lor Part II of Item 18.3 PRIMARY | or CONTRIBUTING | ₹ το CAUSE OF DEATH. 20d, INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year 200 PLACE OF INJURY [Mome, form, 20f. (City or fown) (County) (Slote) factory, street, office bldg , etc.) Not while of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy [7], Inspection T, Inquiry TX opinion death resulted fram: Natural causes 7, Accident 7, Suicide , Homicide , Undetermined monner DATE SIGNED ä ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 冒 ASSISTANT MEDICAL EXAMINER should be FUNERAL I **EXAMINER'S** DEPUTY MEDICAL EXAMINER TO NAME (Type) John T. Maloney. July 16, 1958 270 BUR AL CREMATION 22b DATE THEREOF 27c, NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) BENOVAL (Specify) 6 0 23 FUNERAL DIRECTOR'S SIGNATURE 24m. REC'D BY REGISTRAR 2467 REGISTRANS SIGNATURE US ALSME 5M 2/57



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ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
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8284	CERTIFICA	ATE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Prince Georges	MARYLAND	2 USUAL RESIDENCE (When o. STATE Maryla	L COUNTY	minee 'Joonges
b CITY OR TOWN (If outside corporate limits, write of	c. LENGTH OF STAY IN 16		tside carporate limits, write RU	
RURAt and give nearest lawn)	2 1/2 hr			tour and Aug segress and
d. NAME OF HOSPITAL (If not in hospital, give street od		Hyat's	ATTIG	e. IS RESIDENCE
OR INSTITUTION		1		ON A FARM?
	<u>l Hospital</u>	6512	4,134 444 57417	el Rd YES NO 🔀
3. NAME OF First	Middle	Lost	4. DATE Monti	h Day Year
(Type or print) Harold	H	Lavine	DEATH Ju]	Ly 28 1958
5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9 AGE (to years lost birthdoy)	FUNDER TYEAR IF UNDER 24 HRS
Male Mite WIDOWED	DIVORCED [1 Sept . 189	9 50 yrs	Months Days Hours M.n
10a USUAL OCCUPATION (Give kind of work done 10b. Kil during most of working life, even if retired)	ND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY
Dentist		1 45	A	USA.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME A	
Maurice		Hara	h Jose	
15. WAS DECEASEDEVER IN U.S. ARMED FORCES? 16 SC	2 2 2 2 - A	NFORMANT	Addre	255
none - 11	7-70 7114 6	EVER >C	wene.	
18 CAUSE OF DEATH [Enter only one couse per line	for (0), (b), and (c).	1	,	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6)	ITE CORE	NARY CE	clusion	ONSE! AND DEATH
420.1 DUE TO				
Conditions, if ony, which) (b) 20	bile Hyps	extension		
gove rise to immediate Couse (o), stating the under-	//			
lying couse last. (c)		Prosis - Ma		
PART II. OTHER SIGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	al disease condition give	N IN PART I(0) 19 WAS AUTOPSY PERFORMED? YES NO
	IBE HOW INJURY OCCURRED). (Enter nature of injury in Po	rt I or Port II of item 18)	
	URY OCCURRED 20e. PU	ACE OF INJURY IHome, form,	20f. (City or town)	(County) (State)
Hour o, m, p, m, 19 at work	Not while foc	tory, street, office bldg , etc.)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		/m //	10 to C 16	,
21. I certify that I attended the deceased	C- 1	19.7. /., 10	~ 1 PT LIG _	that I last saw the decease
alive an NUIX La 191	, and that death		Maron the causes or	nd an the date stated above
ACTUAL OF TO THE REAL PROPERTY OF THE PROPERTY		A AI	DDRESS (Street, city or town, st	DATE SIGNE
SIGNATURE LEVE O S. Car	neau	4.0 6 311 NG 17	TRORP CLUE	-Kincodale 7/25)
PHYSICIAN'S NAME (Type) Dr. David Clayman	7			Aq
	MENAME OF CEMETERY OF	116.	2d. LOCATION (City, town pr	county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	2 ADÓRESS		BY REGISTRAR 24b. REGIST	RAR'S SIGNATURE
Boldery Juneral	thomework	AG. DC DATUL 2	9 '58	1



11	ì		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
D.	me dest	2	8285 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 18287
D 5	1		Ttem 3. Film G232. 7/31/58 1/V Fer 107. F. Help. (130/03) Reg. Dist. No.
shoul	R		Prince Georges County MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) 9. STAW as hington, D. G. SOUNTY
70 0		ŀ	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
Pag ouri			and grve neares) town)
r. To I		ŀ	Cheverly, Md. 8 days Washington, D.C. d. NAME OF HOSPITAL OF INSTITUTION (If not in hespital, give street address) d. STREET ADDRESS e. IS RESIDENCE
ig.	.1	- 1	ON A FARM?
D 6 5 6		Ŀ	Prince Georges General Hospital 3417 - 24th, street, M.E. YES NO W
8 <u>5</u> 5			3. NAME OF First Middle 1. Cast 4. DATE Month Day Year OF
S S S S S S S S S S S S S S S S S S S		L	(Type or print) Charles J. Linehan Pearl 7 - 21 19 58
1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE III years lost birthday) Marking Day 1 House 14 Hrs.
F 20 5.	(.))	Male White WIDOWED DIVORCED 12/1/1884 73 yes. Months Days Hours Min.
3 + 8 + 8 + 8 + 8 + 8 + 8 + 8 + 8 + 8 +	1/4	/	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retured) 10b. KIND OF BUSINESS OR INDUSTRY 31. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY:
de pad	1		Printer Retired U.S.Government Bradford, Mass. U.S.A.
4 2 5 E		*	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ST L E		- 1	Patrick A. Lineham Mary Levis
t ho age: Pog Pog		H	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
Pog ile			(1'es, no, or unknown) (If yes, give war ar dates of service)
9 G.		-	No Ruth Lineham (Wife) Same as above
P.S.			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:
5 E E			IMMEDIATE CAUSE (6)
asi te	Ł.	71	904.0 DUE TO ,)
100円を			Conditions, if ony, which) by Ist 200 20 4 his 12 the 12 the 12 the
ind l			gave rise to immediate cause (a), storing the underlying DUE TO
of of o			couse lost. (c) 1-1 GEN-114/ h-1)
9 ff 19 8			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
S EQ B	4		PERFORMED? YES NO TY
T C			200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY/OCCURRED (Enter nature of injury in Port I or Part II of item 18.)
SE LE P			200. EXTERNAL CAUSE WAS PRIMARY BY CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 200. OESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port Lor Part II of item 18.)
Exo Fool			3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20o. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Signe)
Se ver			Hour o. m. While Not while foclory street, office bldg . etc.)
ng H			
X in X in X			21. I certify that I took charge of the remains described above, held an Autapsy . Inspection . Inquiry . and find that
3 8 6			death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined cause [].
Fig. 5			ACTUAL DATE SIGNED
tific DIN			SIGNATURE M.D. CHIEF MEDICAL EXAMINER
P 8 6 5	val.		EXAMINER'S TO TO THE DESTRUCTION OF THE PROPERTY OF THE PROPER
교육 등 등	ČE:		NAME (Type) JOHN 1. MA LONGY DEPUTY MEDICAL EXAMINER []
for the State of t	2	3	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county)
5 0 5	5		Burial 5/24/58 Mashington, Dec.
VS. ATSME	es		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MA ROLL 240. REC'D BY REGISTRAR 246-REGISTRAR'S SIGNATURE
SM 9/SS	3}		hallers Funeral Jame on Date JUL 25 53 Westeduch
77-03		E	
			ye rec



FOR STATE HEALTH DEPT.

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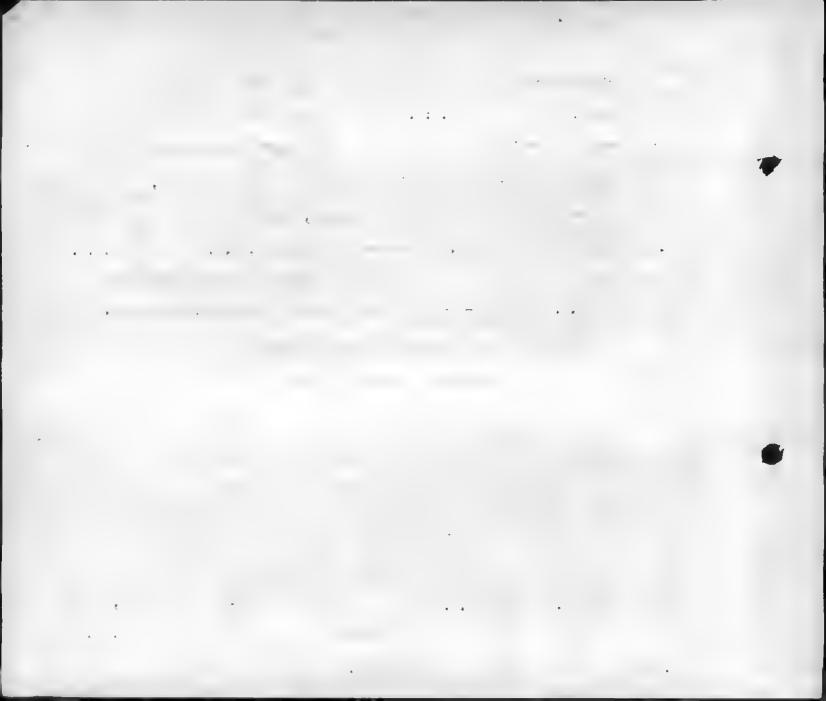
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after Meath. If any delay is necessary, please execute the certificate, writing the ward pending in pendil in Nem, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Maria I Examiner's Office along with form PM3. Page 5 may be refered for your files.

TO FUNERAL DIRECTOR: Page 3 should wised as a buriel-transit permit. File pages 1 and 2 with the Saord of Health, or its designated agent, prior to barial, cremation, or removal, and in any event within 72 hours after death.

MS. MISME 5M 2:57

8286 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08288 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Prince Georges MARYLAND	o. STATE New York
b CITY OR TOWN If outside carporale limits, write RURAL c LENGTH OF STAY IN 1b and give nearest lawn]	c. CITY OR TOWN (If outs'de corporate limits, write RURAL and give nearest town)
Riverdale D.O.A.	New York
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e S. RE DENCE
Leland Memorial Hospital	550 West 171st Street YES NO 1
3. NAME OF First Middle Middle	Lost 4 DATE Month Doy Year
(Type or print) George Stanley Litz	DEATH July 3. 19 58
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9 AGE (In yours IF UNDER 14 FAR IF UNDER 24 HPS
Male white WIDOWED DIVORCED	Oct 23, 1900 57 yrs Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUST during most of working life, even if refired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	tion Breoklyn, N.Y. U.S.A.
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
George Litz	REFERENCE Kathleen Stephens
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. H	NFORMANT Address
	delaide Litz; same address as # 2.
18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)]	LINITERAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute congestive	heart failure
UHA A DUE TO	
Conditions, if any, which) (b) Cardiovascular re	mol disease
gove rise to immediate couse (
(o), sloting the underlying DUE TO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
ATIO	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	eter nature of injury in Port I or Part II of item 18.)
RIMARY OF CONTRIBUTING CONTRIBU	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 26e. PLAT	CE OF INJURY (Home, form, 120f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 26e. PLA While Not while foctor of work of work of the pure of work of the pure of work of the pure of t	ory, street, office bldg , etc.)
21. I certify that I took charge of the remains described abo	ve, held an Autopsy , Inspection , Inquiry , and in my
opinion death resulted from: Natural causes 1, Accident	
opinion debili resolved from: Indioral cooses & , Accident	, Suicide, Homicide, Undetermined monner
ACTUAL COL DOM DOM	CHIEF MEDICAL EXAMINER [
SIGNATURE. JOHN VIVI CALASTICAL	ASSISTANT MEDICAL EXAMINER [7]
EXAMINER'S	
NAME (Type) John T. Maloney, M.D. 220. BUR AL CREMATION, 122b DATE THEREOF 22C. NAME OF CEMETERY OR	
Burial July 7, 1958 Lutheran Cen	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
7 C 3 A C 3	101 3
F. Gasch's Sons Hyattsville Maryla	nd. DATE JUL 7 58 C
	- is could



FOR STATE HEALTH DEPT.

I

TEDEBUTY WERMAL EXTANDER: This certificate should be managed within 24 hours atom death. If any Teloy is necessary, please execute the certificate, writing the ward "pending" in pendil in them 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Managed Examiner's Office along with farm PM3. Page 5 may be referred for your files.

TO FUNERAL DIRECTOR: Page 3 should as a burial-transit permit. File pages 1 and 2 with the sound of Health, at its designated agent, prior to burial, cremation, at remayal, and is any were within 72 hours after death.

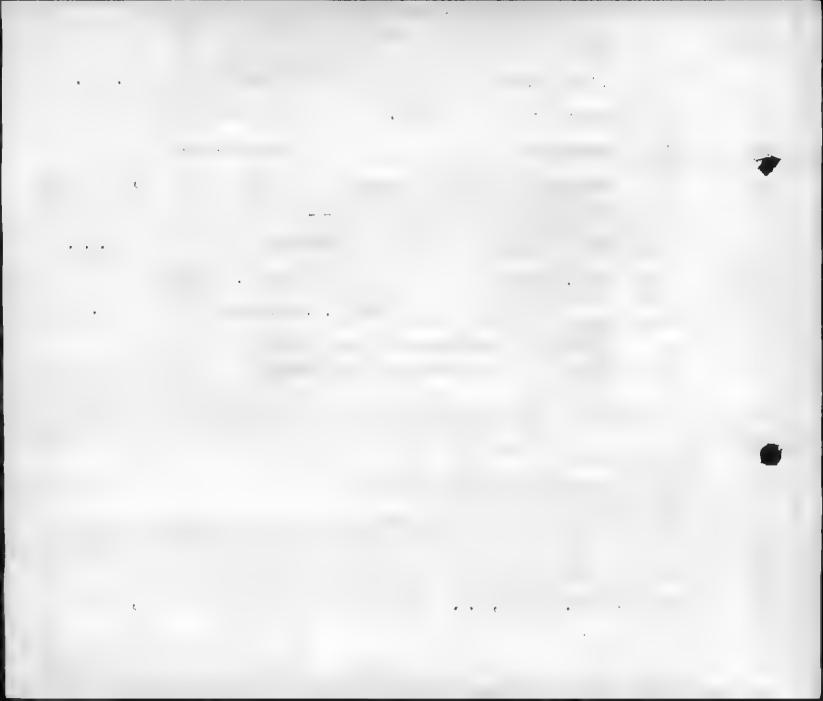
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

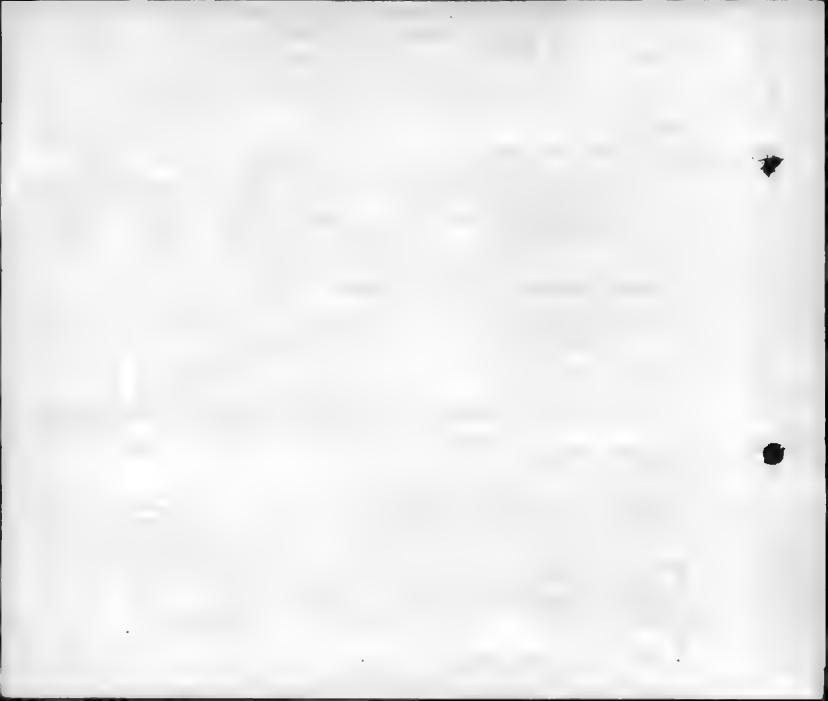
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg Dist No

to must	8253 MEDICA	L EXAMINE	R'S CERTIFICA	TE OF DEATH	Reg. Dist. No.
PLACE OF DEATH	priceresado.		2. USUAL RESIDENCE	Where deceased lived If institut	on Residence before admiss an]
a. COUNTY	Prince Georges	MARYL	AND STATE MARY	rland b. COUNTY	Pr. Geo.
b. CITY OR TOWN	(If autside corporate I m.ls. write RURAL with	c. LENGTH OF STAY IN	t 1b c. CITY OR TOWN (If outside corporate limits, write f	RURAL and give nearest town)
	Takoma Park	6 yrs.	17 Take	ma Park	
d NAME OF HOSP	ITAL OR INSTITUTION (If not in her	ipital give street address)	d STREET ADDRESS	674	IS RESIDENCE ON A FARA ?
7240 G	lengary Place		7240	Glengary Place	YES NO
NAME OF	F rst	Middle	Lost	4. DATE Month	Doy Year
(Type or print)	Florence B	Bernice Ma	igner	DEATH July	7. 19 58
. SEX	6 COLOR OR RACE 7- MARRI		The state of the s	9 AGE (IN years	FUNDER TYEAR IF UNDER 24 HRS
Female	white WIDOWE	D DIVORCED	11-4-16	111 you	Months Days Hours Min.
Oa. USUAL OCCUPAT during most of worl	TION (Give kind of work done 10b.) ing life, even if retired)	CIND OF BUSINESS OR IN		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12. CITIZEN OF WHAT COUNTRY
House	rife		Nebrase	a.	U.S.A.
3. FATHER'S NAME			14, MOTHER'S MAIDEN	NAME	
Frede	rick R. Kennedy		Hatt	ie L. MeMullen	
	VER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT	Address	
rest not be aminowny	(it let 8 se wot of sides of session)		James P. Magne	r: same address	as # 2.
THE CALLES OF DE	ATH Enter only one couse per line	for (a) (b) and (c) 1		-,	INTERVAL BEENIES
	ATH MAR CAUSED AN				DISET AND DEATH
PARIT. DE	IMMEDIATE CAUSE (a)	ute congest	ive heart failu	ire	
44	7 4				7
	Ca	rdiovascular	r renal disease		
Canditions, if					
(e), stating the					
cause last.	(c)				
PART II, O	THER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	AINAEDISEASE COND TION GIVE	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
E 200. EXTERNAL C	AUSE WAS 206 DESCRIB	E HOW INJURY OCCURR	ED (Enter nature of injury in Pa	ort Lor Part (Lof item 12)	
FRIMARY OF COUNTY	OMIKIROTING L				
	URY Month, Day, Year 20d	INTERNACEDER TOP	PLACE OF INJURY (Home, for		
20c. TIME OF INI			factory, street, office bldg., etc.	m, 120f, [City or fown)	(County) (Stole)
p. n	. 19 of we	ork ol work			
21. I certify	that I took charge of the	remoins described	obove, held an Autop	sy , Inspection D.	Inquiry M ond in my
opinion deat	resulted from: Natural	couses The Accide	ent . Suicide .	Homicide [7], Undeter	mined monner
		5		—	ca monner
ACTUAL	lada San	almas.	CHIEF MEDICAL E	CVALUE OF THE	DATE SIGNED
SIGNATURE	ELIN 1-11)	aurung	M D,	t-mail	
EXAMINER	2-1 M. W. 7	wa //		CAL EXAMINER []	
NAME (Type)		105 - 11 - 1/			7 7058
	John T. Maloney,	- ·	DEPUTY MEDICAL		7, 1958
220. BURIAL CREMAT	ON, 1226 DATE THEREOF	229 NAME OF CEMETER	OR CREMATORY	228. LOCATION (City, lown, or	и о
	ON, 1226 DATE THEREOF	- ·	:		и о
220. BURIAL CREMAT	ON. 126 DATE THEREOF JULY 10, 1958	- ·	OR CREMATORY Servelly		county) (Signal)



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whate deceased lived If institution, Residence before admission) b. COUNTY eorges within 24 hours after death. b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside carporale limits, write RURAL and give nearest town) RURAL and-give nearest town aa should IS VI d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? elan YES NO D WK NAME OF Middle DATE OF Manil Year Xa (Type or print) DEATH 19 9. AGE (In years lost birthday) 5. SEX 8 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 74 HRS 6. COLOR IDR RACE MARRIED NEVER MARRIED Months Dovs Hours Min. DIVORCED [WIDOWED [7] YES 100. JSUAL OCCUPATION (Give find of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life. even if retired) 12. CITIZEN OF WHAT COUNTRY? offer 13. FATHER'S NAME 14 MOTHER'S MAJDEN NAME 041 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address 0 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Canditions, if any, which any permit gave rise to immediate **DUE TO** couse (a), slating the underlying couse lost. PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? ō YES NO NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f (City or town) Doy, Year (County) (Stole) factory, street, office bldg., etc.) Hour a.m. While Not while 19 of work of work p. m. 19 7 Othat I last saw the deceased 21. I certify that I attended the deceased from alive on and that death accurred at 4M, from the causes and an the date stated above. may be retained by the TO FUNERAL DIRECTOR: ACTUAL SIGNATURE page'3 should TO HOSPITAL PHYSICIAN'S NAME (Type) 22b DATE THEREOF 220 BURIAL CREMATION. 22¢ NAME OF CEMETERY OR CREMATORY 22d LOCATION (City (Stote) Cremawiener 7/7/58 Ft Lincoln Crematory Colmar Manor, 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE F. Gasch's Sons Hyattsville Maryland. DAVEUL 1 0 '58 VE A15 (4) 15M 9/55



M

PLACE OF DEATH a COUNTY

NAME OF

DECEASED (Type or print)

Male

13 FATHER'S NAME

5. SEX

Prince Geroges

d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION Prince Geroges General Mospital

George

10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]

DUE TO

DUE TO

Day, Year

(b)

PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT

While

6 COLOR OR RACE

hite

during most of working life, even if retired

PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

Conditions, if any, which

gove rise to immediate

cause (a), stating the under-

20c. TIME OF INJURY Month,

Haur a.m.

200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

lying cause last.

CERTIFICATION

MEDICA

b CITY OR TOWN (If autside carporate limits, write

RURAL and give negrest town) Cheverly

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1
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CERTIFIC

MARYLAND

c. LENGTH OF STAY IN 16

7. MARRIED TO NEVER MARRIED

217-07-837

Ascites.

Acute pulmonary

Cirrhosis of the

206. DESCRIBE HOW INJURY OCCURRED

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WIDOWED [

days

Middle

DIVORCED |

Bilate

20e. PL/

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ATE OF DEATH	l		R	eg. Dis	~	02	9 L	
2 USUAL RESIDENCE (Who o STATE Mary C. CITY OR TOWN (If ou	Land	b. coui	TY Pr	ince	Ge	orge	5	
A Landove		ills			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-,	
d. STREET ADDRESS 7006 All:		St.				e IS RES ON A YES		47
ayhew	4. DATE OF DEATH	_	Nonth Ly		5C		Year 19	58
21 Sept. 20	206x	4		UNDER	Doys	Haurs	FR 24	
STRY 11. BIRTHPLACE (State of A IR Y	1 4	ND)		12 CITI	ZEN O	S /	COU	NTRY
CLARA	AME R.	PAG	LE	TT	_			
SARA.R. MAY	HEK	1, 708	ddress	Wh	tes	D) CA	TWEE	4.
edema					ONS	II,	DEAT	řŘ
eral hydrothor	ax.					days	3 •	
e liver *						year:	3.	
NOT RELATED TO THE TERMIN	IAL DISEAS	E CONDITION	GIVEN	IN PART	1(0) 1	PERFO		7
Enter nature of injury in Po	ort I ar Pari	I II of ilem 18)						
ACE OF INJURY (Home, form, tary, street, office bldg., etc.)			1/	(C	ounly)		{SI	tole)
occurred at 4,20		19.5	Y.,	hat I l	ast sa	w the	dece	eased
1.711. A	DORESS (SI	reel, city or Ja	yn, stai	(e)	e dal	DA		GNED

21. I	certify that I attended on July 2017	the deceased from	july 15	19)	8, 10 His
alive	on thes 264	195	and that death	accurred o	14.20 A
		1			. AD

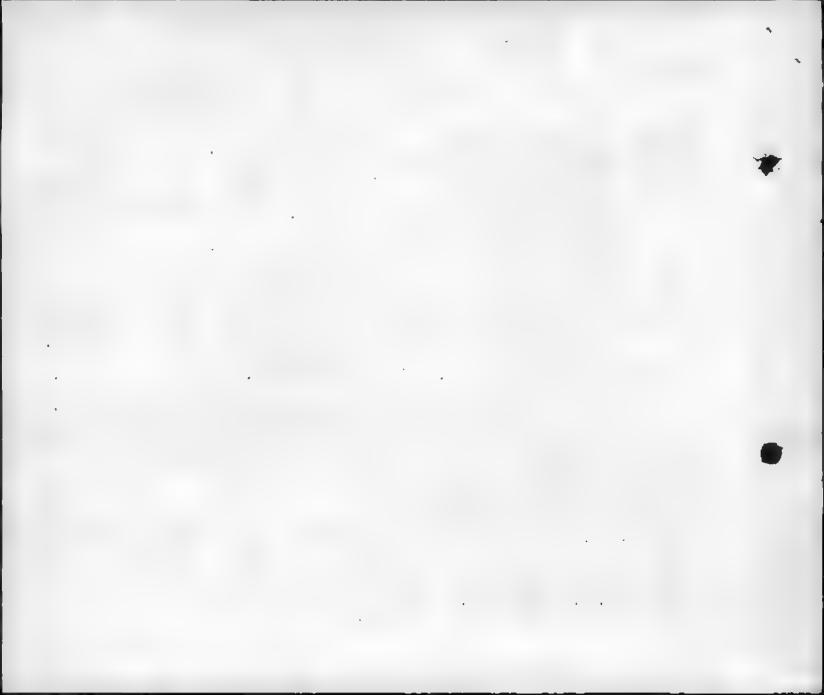
20d. INJURY OCCURRED

ACTUAL SIGNATURI PHYSICIAN'S NAME (Type)

	BURIAL CREMAT ON PEMOVAL (Specify)		DATE 	3-	58	WASH	F CEMETERY OF	CREMATORY	VAL.	SUITL			XLAA	
23	FUNERAL DIRECTOR'S	SIGNA	TURE	1		ADDRESS	. ,	1	240 REC	D BY REGISTRAR	7 7	T	O .	Т

W.W. Chambers Eo. Washington, D.

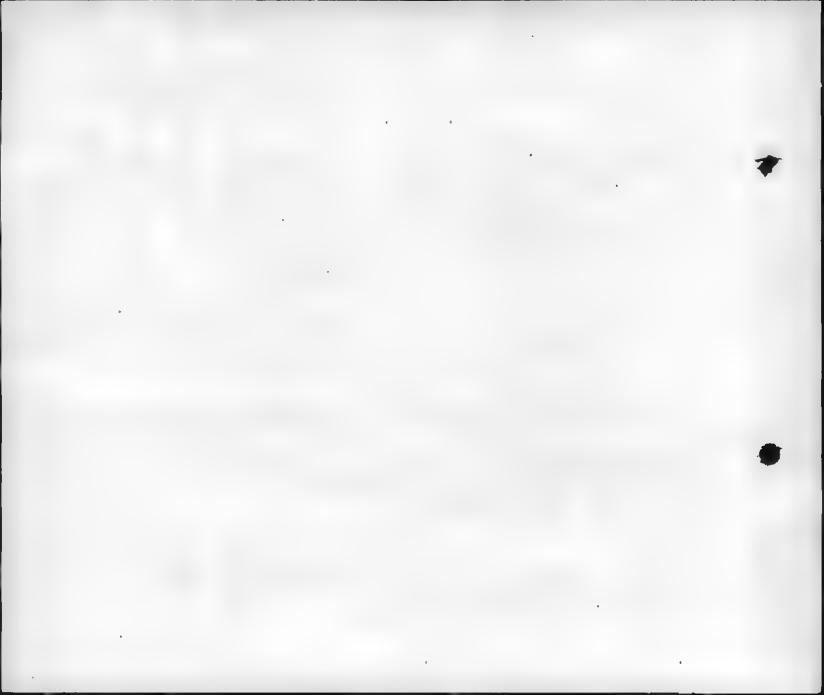
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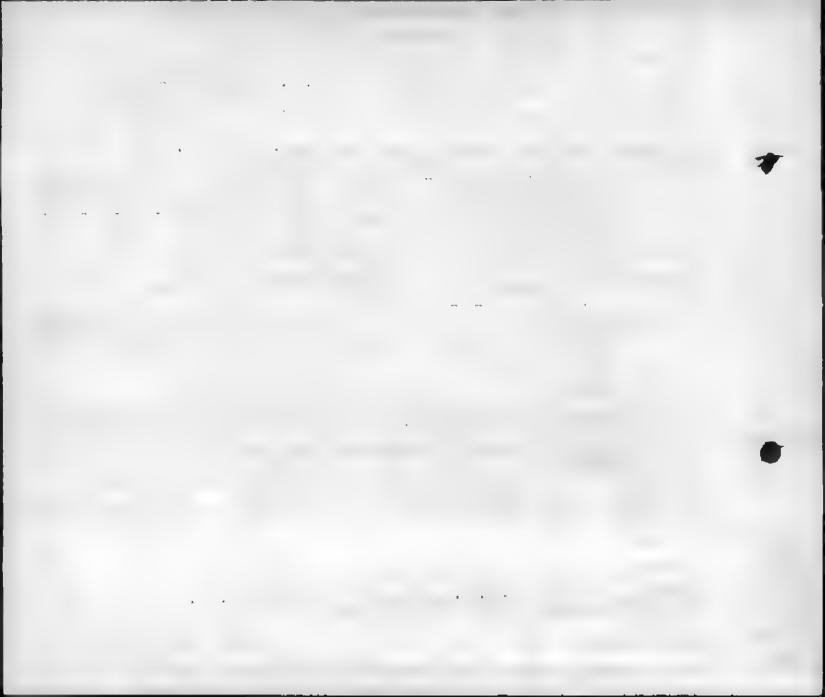
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7 1				MARYL	AND ST	ATE DEPARTA	MEN	T OF HEALT	H-BALT	IMORE, 1	8		
ا مراهدی	X			83	23	CERTIFIC	ATE	OF DEAT	Н		Reg. Dis	062	93
director,		1	PLACE OF DEATH D. COUNTY Pri	nce Georges		MARYLAND	2. 1	USUAL RESIDENCE (W	here deceased	lived. If institute b. COUNTY	on: Residenc	e before o	śmission)
funerol uld be f	,		RURAL and give in Glenn Dal	[II outside corporate limit learest town]	s, write c. L	ength of stay in 16 of months ar	ıd.	c. CITY OR TOWN (IF		ote fimits, write R	URAL and gi	ive riegrest	town)
y the f 2 shou	^ ×		d. NAME OF HOSP	TAL (If not in hospital, gi		19 days		d. STREET ADDRESS	ngton	- 1 Ot			RESIDENCE ON A FARM?
led in the			NAME OF DECEASED (Type or print)	Fin	1	Middle	M.	Lost	4. DATE OF DEATH	OL St.	ith	Doy	Year
rely fill Poges		5. :	EX		7. MARRIED	NEVER MARRIED		Donough TE OF BIRTH	DEATH	AGE (In years lost birthdoy)			JNDER 24 HRS
d completely papers. Po eath.	-	100	Male USUAL OCCUPATE during most of wo	White ON (Give kind of work of king life, even if retired)	one 10b. KIND	OF BUSINESS OR INDI	JSTRY	1/3/86 11. BIRTHPLACE (Stote	or foreign cou	72 yrs			HAT COUNTRY
a po de	I	LP	rinting P	ressman		Retired	14.	MOTHER'S MAIDEN	NAME		US	Α .	
r certificate ning physicion a remove car		15.	WAS DECEASED EV	Onough ER IN U. S. ARMED FORG (If yes, give war or dates of se	Paring	AL SECURITY NO 17.	INFOR	Mary O'Con MANI cedent	ner	Add	ress		
igned by the ottency permit. Then plear in ony event within			PART I. DE * Conditions, if a gove rise ta couse (a), stating	mmediate DUE TO		(o), (b), and (c).] ulmonary tu	ber	culosis				ONSET	AND DEATH months
ertification physician ertification to the contraction of the contraction or removel, and	ł	CERTIFICATION	Chronic 20a. ACCIDENT W OR CONTRIBUTING	HER SIGNIFICANT CONI y emphysema brain syndro	ome	HOW INJURY OCCURR					EN IN PART		AS AUTOPSY EFFORMED?
tol ar off fhis certi fr use as remation		MEDICAL	20c. TIME OF INJU Hour o. n. p. m.	RY Month, Day, Yea 19	While	r OCCURRED 20e. P Not while at work	LACE C	OF INJURY (Home, fare street, affice bldg., etc	n, 20f (City o	r town)	(Co	ounty)	(State)
ined by the hospital by the hospital bixCTOR: After Id be detached for prior to burial, at			Olive on	nat I offended the	19/58	, , and that deat	n occ	, 19 <u>58</u> , to urred at 8:20	P.M. from ADDRESS (Sine	the causes of th	and on the stote)	e date s	tated above DATE SIGNE
noscilation be refoind function by be refoind age 3 should be registror properties.	- /		PHYSICIAN'S NAME (Type)	Moe Wei					nn Dale				
5 9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			ABURIAL) CREMATIC REMOVAL (Specify	5,75	3	NAME OF CEMETERY	OR CRE	MATORY	1	DN (City, town, o	or county)	at ([Stole]
YS A15 (4) 15M 9/55		23.	FUNERAL DIRECTOR	es signature	,72:	ADDRESS	7.7	24g. REC	'd by registra UG 1 '5	. / /	THAR'S SIGN	/	
						wanti; a) C						



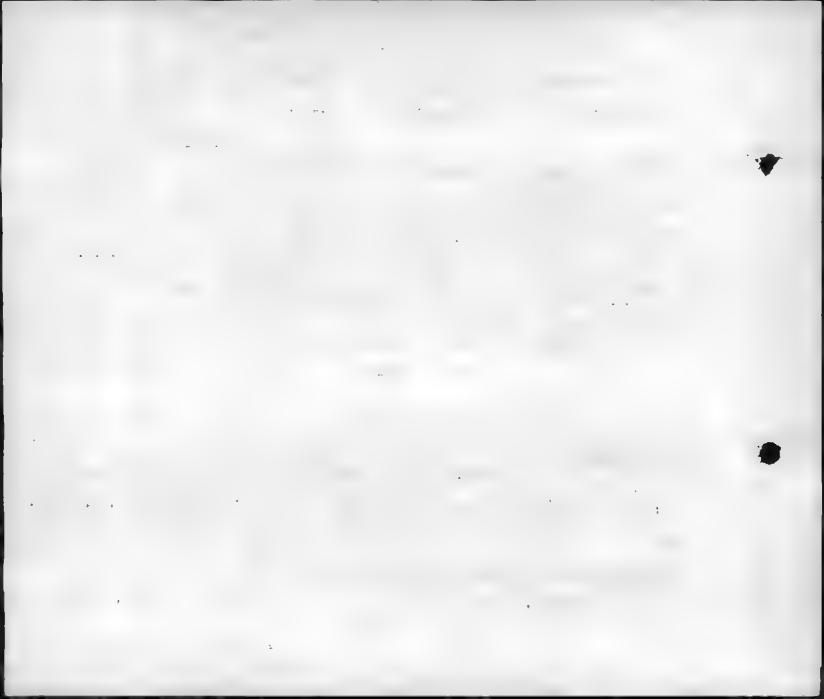
FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencit is them, 18. Give Pages 1, 2, and 3 to the functal director. Page 4 should be forwarded to the Chief M. All Examiner's Office along with form, PM3. Page 5 may be referred for your files. TO FUNERAL DIRECTOR: Page 3 should listed as a burial-transit permit. File pages 1 and 2 with the C Board of Health, at removal, and in any example in this 72 hours often death. 15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

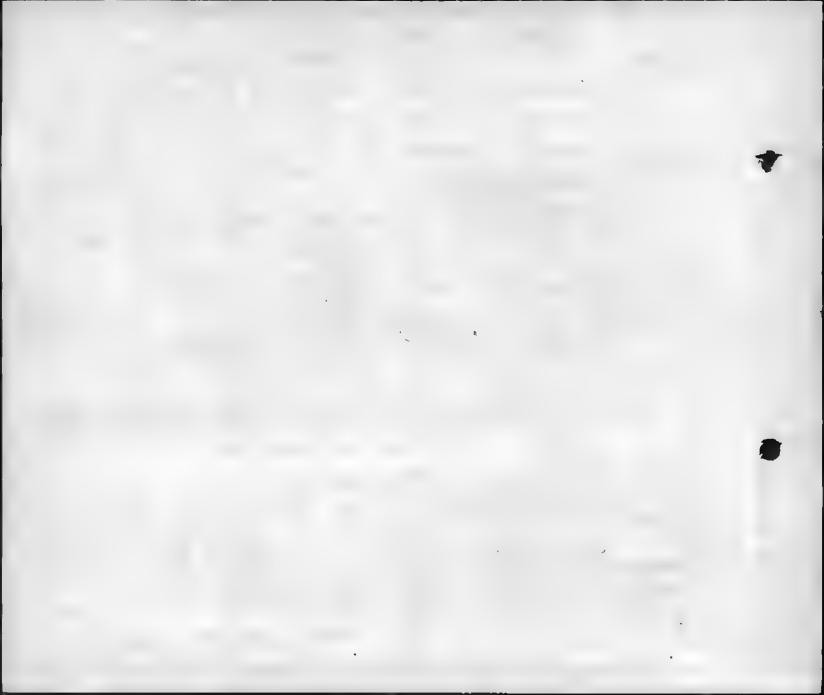
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er emin the sur-	SSZ4 Items	il is il silm se	1 7/17/58 2		Re Re	g, Dist. No.	
PLACE OF DEATH	nce George	MARYLAND	2 USUAL RESIDENCE		lived. If institution b. COUNTY	Residence belore	e वर्वमा १६१००१
	(If autide corporate him is write BURA	c. LENGTH OF STAY IN Th			ale limits, write RURA	L and give near	rest town)
Mitchel		Transient	Oil Cit	y			
		'n hospital, give street address)	d STREET ADDRESS	Second	i Street		ON A FARM? YES NO
NAME OF DECEASED (Type or print)	Richard	William M	cIntire	4. DATE OF DEATH	July	8 Pay	58
Male	White	VARRIED NEVER MARRIED 8	April 6, 193		AGE (in years If U) last turbday) 25 yrs Man		UNDER 24 HES
On USUAL OCCUPA	TION (Give kind of wark done	106 KIND OF BUSINESS OR INDUST U. S. Army	RY 11. BIRTHFLACE (SIMPLE)		niry) 12	CITIZEN OF V	WHAT COUNTRY
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	1	U.S.A	•
ur	nknown		un	known			
5. WAS DECEASED	EVER IN U. S. ARMED FORCES		VEORMANT		Address	•	
In servi			State Police				
	EATH [Enter only one cause pe		3 -3			INTERVAL DINSET A	E BETWELST
T n h	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Hemorrhage and	1 Shock			-	
1 733	Dut TO	Crushed skull					
Canditions, if	nediate cause	OT ITS ISSUE SECTION	***				
(a), stating the							
	THER SIGNIFICANT CONDITION	INS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERM	WINAL DISEASE (ONDITION GIVEN IN	FART 1(0) 19.	WAS AUTOPSY
{ }		description of the production of several section of					PERFORMED?
200. EXTERNAL C	AUSE WAS 206 DE	SCRIBE HOW INJURY OCCURRED. (E	nter noture of injury in Po	ort f or Port II of	item 18)		The state of the s
CAUSE OF DEAT	H.	Occurnat of an a	atomobile th	at ran	off road a	nd turn	ed over
20c. TIME OF IN		20d INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, for ory, street, office bldg., et	m, 1 20f. (City o		(County)	(State)
2.30 P.	- 10 1	1111110 2	oadi	Mit	chellville	P. G.	Md.
21. I certify	that I taak charge of	the remains described aba	ve, held an Autap	sy 🔲, Ins	pection 📑 In	quiry 🖺,	and in my
opinion deat	resulted fram: Natu	ral causes Accident	📆, Suicide 🔲,	Hamicide [, Undetermin	ed manner	
ACTUAL	1	0/1 \ 1	/				DATE SIGNED
SIGNATURE	anner -	20 HOVE	M.D CHIEF MEDICAL I	_	~~		
EXAMINER'S	tomon T D	U \	ASSISTANT MEDICAL			8, 195	8
NAME (Type)	James I. B	22c NAME OF CEMETERY OR			Oly City, town, or cou		(State)
CHILAU Spec		011 4	tu	1	9	/1	(5.0.0)
3. FUNERAL DIRECTO	ON'S STONETURE	APONESS	740. REC	D BY REGISTRA	R 246 REGISTRAR	S SIGNATURE	
1/2 0	rok Inc.	ma/10 -	DATE	JUL 1 4 '5	8 Clurk	cauch	VIII. AND THE RESIDENCE OF THE PARTY OF THE
ment of the contract of the co		the same to be a second to the same to the		and make Angles Andrew Apple	- Programme Advantage and	and the second second	dell' minore a man



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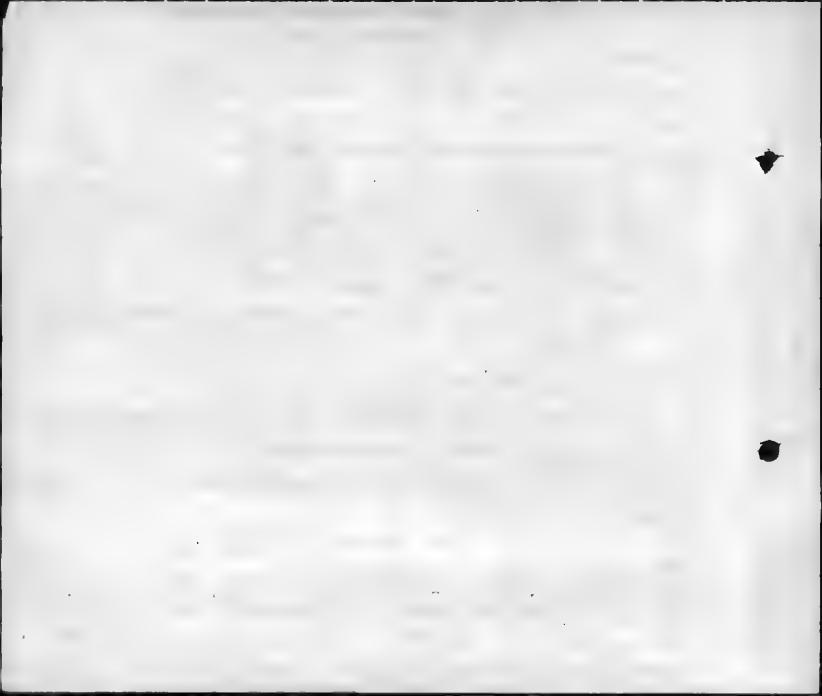
	MARYLAND	STATE DEPAR	TMENT OF HEA	ALTH-BALTI	MORE, 18	0.0	กกะ
	8290	CERTIF	CATE OF DEA	ATH	,		295
1. PLACE OF DEATH • COUNTY IF I NICE	George	MARYLA	2. USUAL RESIDENCE	CE (Where deceased I	ived. If institution: 1	Residence perora	odmission)
	side corporate liferts, write	c. LENGTH OF STAY IN		Wilf outside corporat	to limits, write RURA	Land give reare	st town)
	Melmaria		d STREET ADDR	ESS PL	lace		IS RESIDENCE ON A FARM? YES NO 12-
3. NAME OF DECEASED (Type or print)	Janges	Middle	McMa	4. DATE OF DEATH	7 - Month	Day 12	Year 19 5 8
Male	White WIDOWE		1 7- 12	1-		INDER 1 YEAR III	HOUT Min
	Give kind of work done 10b. ife, even if retired)	KIND OF BUSINESS OR I	ml	(State or foreign cour	ntry)	12. CITIZEN OF	WHAT COUNTRY
Thomas	Mc Mahan		14. MOTHER'S MAI	1.	Mahon		
	, give war or dates of service)		Hosth &	r-15	Lenox	Place.	S.I.N.
PART I, DEATH V	Enter only one couse per lin VAS CAUSED BY: AEDIATE CAUSE (o)	e for (a) (b), and (c)	ratural	4	_	INTERIONSET	AND DEATH
Conditions, if any, gove rise to imme couse (o), stoting the stying couse lost.	diole DUE TO	6 mi	girla	eloo i	ž ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	IGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEASE C	CONDITION GIVEN I		WAS AUTOPSY PERFORMED?
200. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY MED	NDERLYING () 206. DESC CAUSE OF DEATH ICAL EXAMINER)		URRED. (Enter nature of inju				
20c. TIME OF INJURY A	North, Day, Year 20d. IN White of work	Not while	e. PLACE OF INJURY (Home factory, street, office bldg	g., etc.)	lown)	(County)	(State)
	attended the decease		, 19, to		, 19,th		
actual SIGNATURE	wm	and that de	eath occurred at		the causes and stricity or town, stote		DATE SIGNE
PHYSICIAN'S A PARE (Typo)	W. MAL	in	RIVE	PDALE	MD	andi integra yan salanda da dike danda ya	
	n 7/13/58		ry or CREMATORY Land N Y neral H me	22d. LOCATIO	N (City, Iown, or co	unty)	(Stote)
23. FUNERAL DIRECTOR'S SK	Sons Hyatt	ADDRESS Mar	yland. OAT	. REC'D BY REGISTRA	R 24b. REGISTRA	R'S SIGNATURE	



the death certificate be executed within 24 hours after death. Page



		8325 CERTIFICATE C	OF DEATH	Reg. Dist.	08297
	1. [1. PLACE OF DEATH a. COUNTY PINCE REDIGES MARYLAND 2. USU/ a. ST	AL RESIDENCE (Where deceased lived	. If institutions Residence b. COUNTY	before admission)
		d. NAME OF HOSPITAL (If not in hospital give street oddress) d. NAME OF HOSPITAL (If not in hospital give street oddress) d. SI	TY OR TOWN III outside corporate lin	nits, write RURAL and giv	ON A FARM?
		3. NAME OF DECEASED (Type or print) LOTTIE Middle MAY MI	LI ER 4. DATE OF DEATH	Till 1	Day Year 1958
	5.	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE CO	OF BIRTH 9 AG 1051 1051 1051 1051 1051 1051 1051 105		YEAR IF UNDER 24 HRS. ays Hours Min.
		during might of working life, even if retired) Howsell	BIRTHPLACE (State or foreign county)	I. C. 12. CITIZE	IN OF WHAT COUNTRY
		13. FATHER'S NAME 14. MC 15. WAS DECEASEDEVER INV. 5. ARMED FORCES? 118. SOCIAL SECURITY NO 117. INFORMAN		kyrris	
		[14s, no, or unknown] [14 yeld, gives were as dates of service]	and the	Address / SCOI	rds
		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 442 X DUE TO	Keart Joile	No	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate cosse (a), stating the underly lying couse lost.	ardio-Nevel 1	desisso	LOPER
ل	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELE	ATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART T	(o) 19. WAS AUTOPSY PERFORMED? YES NO
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while pl work of work	NURY (Home, form, 20f. (City or tover, office bldg., elc.)	vn) (Cou	inty) (Stote)
- Tameson		21. I certify that I attended the deceased from 1. I alive on 4. 1950, and that death occurred actual signature of the deceased from 1. I alive on 1. I aliv	9.37, to M. from the ADDRESS (Street, c	causes and on the	date stated above
ş		NAME (Type)	lesville Road,	Silver Sp	ring, Md.
	bı	220. BUR AL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMAT PURPLE BY 1971 P. 197	emetery Prince	City, town, or county) Georges C 246. REGISTRAR'S SIGN	ounty Md.
<	×	The AHThineolo 2901-14 tld. and	C. DATELUL 1 8 158	Michelia Sign	



after death: within certificate

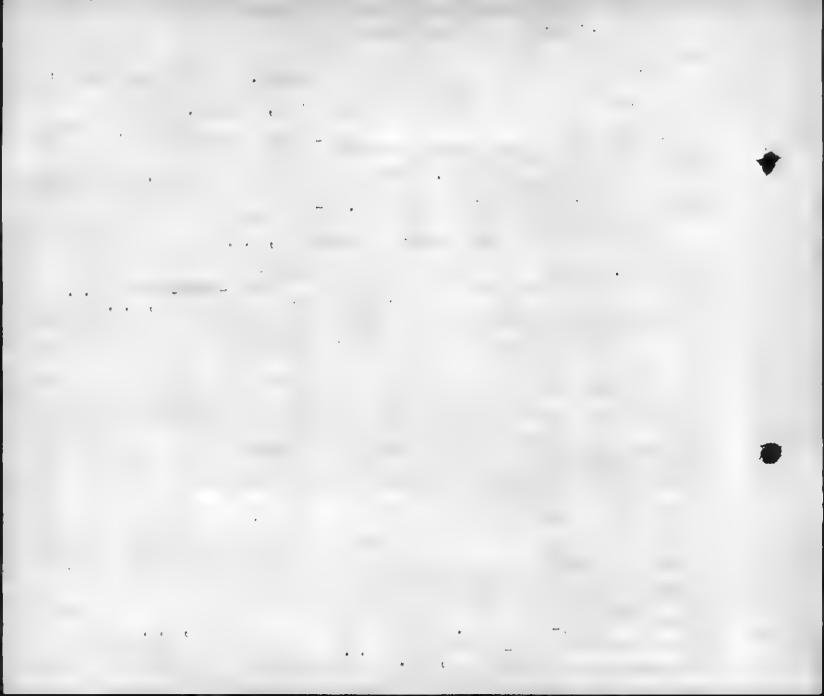


ecuted within 24 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 144 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) o. COUNTY a. STATE COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write É. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give reparest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress) . d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO D NAME OF First Middle tost 4. DATE Manth Day DECEASED (Type or print) DEATH 19 5 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years UNDER TYEAR IF UNDER 24 HRS lost birthday) Months Days Hours 40. WIDOWED 🔀 DIVORCED | yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE, (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN-NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN 6 PART I. DEATH WAS CAUSED BY: 1 wys DUE TO Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 17 WAS AUTOPSY PERFORMED? 5 YES NO 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Day, Year (County) (State) g. n. factory, street, office bldg., etc.) While Nat while 15 21. I cortify that I attended the deceased from . 19.5% that I last saw the deceased and that death occurred at _____ .M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL 50 Р PHYSICIAN'S 1550 P 10/219 NAME (Type) BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY. 22d. LOCATION (C ty, toxis, or county) (State) BENIOVAL (Specify) O 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 5 VS A15 (4) 15M 9/55 DATE





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8293 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) - dire p. COUNTY a STATE b. COUNTY MARYLAND Prince Georges <u>Prince Georges</u> Marvland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should Cheverly
d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION Days Hvattsville. d. STREET ADDRESS Comer Lane Prince Georges General 3. NAME OF First Middle 4. DATE tost Month DECEASED OF (Type or print) Jessie Peterson July =ithin pletely I ers. Pag 6 COLOR OR RACE 5. SEX 7 MARRIED NEVER MARRIED AGE (In years last birthdoy) 8 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months DIVORCED WIDOWED [Femala White 1.8 yrs 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHBEACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY exturing most of working life, even if retired) puo bon er de 13. EATHER'S NAME 14 MOTHER'S MAIDEN NAME μ'n WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT Address 9 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)otten PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stoling the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY 듄 70 250 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18) PHYSICIAN: 20c TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) factory, street, office bldg., etc.) Hour a.m. Nat white While at wark of wark p. m. 21. I certify that I attended the deceased from 1955 that I last saw the deceased 2, and that death accurred at 9120PM, from the causes and on the date stated above. alive an DIRECTOR det ADDRESS (Street city or town, state) ACTUAL SIGNATURE å <u>.</u> 2 PHYSICIAN'S NAME (Type) Ma onev FUNER! 3 22b. DATE THEREO! 2/4, NAME OF CEMEJERS OR CREMATORY 220. BURIAL, CREMATION. 22d. LOCATION (City, town, or county) poge REMOVAL (Specify) he Ö 23 FUNERAL DIRECTOR'S SIGNATURE 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4)

e 15 RESIDENCE ON A FARM

Year

19 58

YES T NO

Hours

INTERVAL BETWEEN

ONSELAND DEATH

* 41

PERFORMED?

NO [

(Stote)

DATE SIGNED

(Stote)

Days

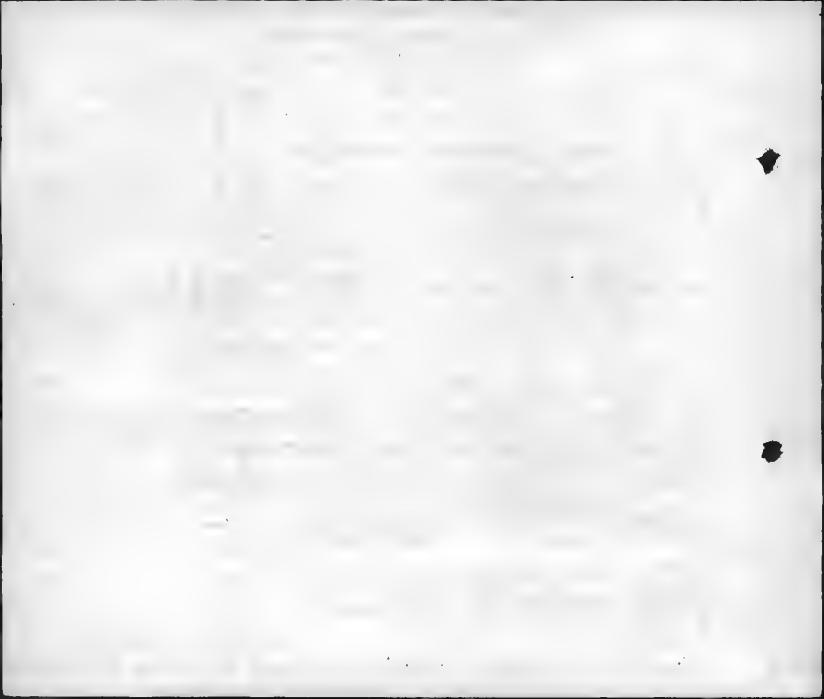
(County)

15M 10/57

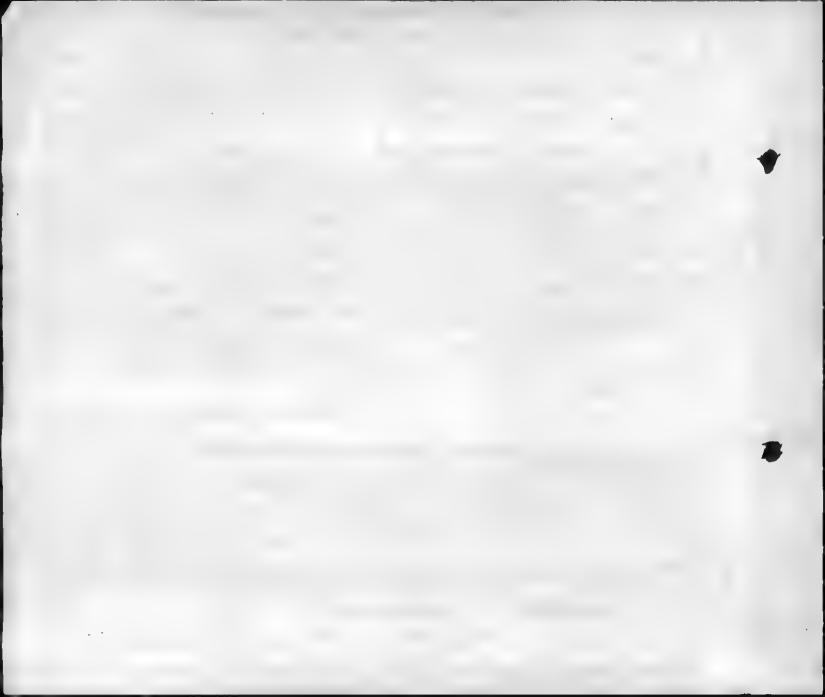


CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission of STATE o. COUNTY filed **b** COUNTY MARYLAND ckeren ordare 11 b. CITY OR TOWN (If outside corporate limits, write c. LENGTHLOF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) å RURAL and give nearest fawny x University Park. P d. NAME OF HOSPITAL (If not in hospital give street address) & d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 4316 Sheridan St YES I NO K NAME OF Middle 4. DATE Last Month Day Year DECEASED (Type or print) DEATH 19-1 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (la years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Doys Jan 5, 1880 WIDOWED DIVORCED | yrs. 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY death. Pennsylvania U S Federal Employee carbon 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME John D. Baker Barbara Eleanor Bixler 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs Audrey Potter Shippen University Park Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN 古 PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Conolo **DUE TO** ģ mit. Conditions, if any, which gned gave rise to immediate ĕ **DUE TO** cause (a), stating the underlying cause last. PAIT II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? 듄 20 33 YES NO I 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Day, Year 20d INJURY OCCURRED (County) (State) Hour a. n. factory, street, affice bldg., etc.) While Not while at wark of work p. m. 19.2 1 that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred atax M, from the causes and an the date stated above. DIRECTOR: ADORESS (Street, city or town, state) ACTUAL SIGNATURE may be retai O FUNERAL (page 3 shaul PHYSICIAN'S NAME (Type) Thos. 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) 7/5/58 Newport Pennsylvania 9 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 F. Gasch's Sons Hyattsville, Md. reduch



08304 8294 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND 1-0000 C b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest town) 15h d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO SZ thiab. NAME OF Middle DATE Day Year DECEASED OF DEATH (Type or print) ~ POVO 19 58 5. SEX 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HES 6. COLOR OR RACE B. DATE OF BIRTH AGE Tin year last birthdoy) Months emale WIDOWED [7] DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? 00 V0 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5 IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address 0 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Echter **DUE TO** Conditions, if any, which] gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO 27 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Slote) factory, street, office bldg., etc.) Ночг e. [1. While Not while of work at work. p. m. 21. I cortify that I attended the deceased from the A 15 that I last saw the deceased ; and that death accurred at 12. IZM, from the causes and an the date stated above. ADDRESS (Street, eity or lown, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) pode REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRÁR'S SIGNATURE 18M 9/55 Edul DATE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 8328

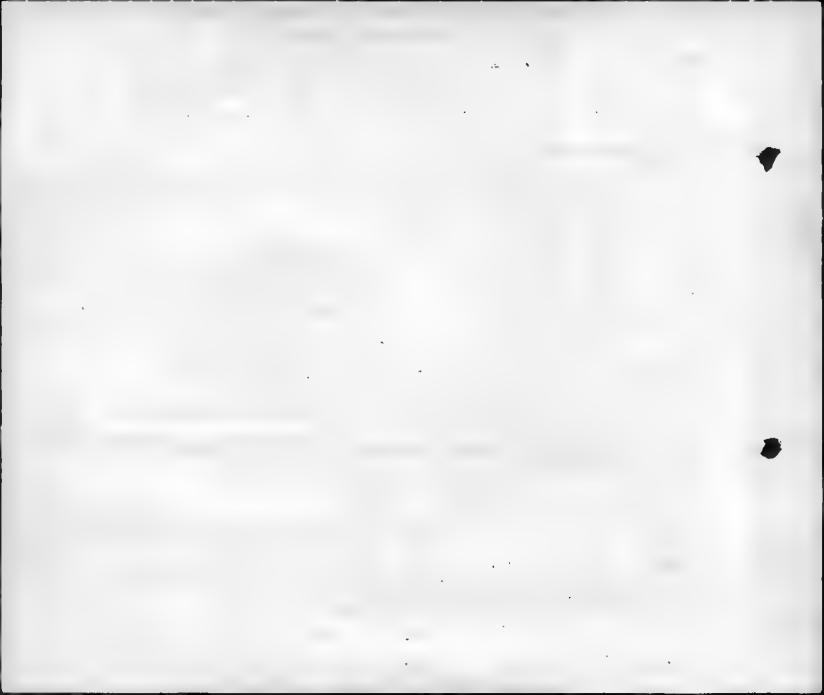
1 (153(15) Reg. Dist. No.

	PLACE OF DEATH COUNTY Pri	nce George	S.	MARYL	AND	2. USUAL RESID		here decease	d lived If instituti b. COUNTY	on: Reside	nce befo	re admiss	sion}
П	b. CITY OR TOWN (I RURAL and give no	f outside corporale limi	ts, write	C. LENGTH OF STAY I		c. CITY OR TO	OWN (IF	outside carpa	rote limits, write R	URAL and	give nec	prest fowe	n)
L	Glenn Dale	(rural)		L'a La davs	MOS.	9	Was	ningto	n	fo a			
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, o	ive street	oddress)		d. STREET AD	DRESS					e. IS RES	SIDENCE FARM?
L		Lenn Dale H	ospit	al			130	48th	Place, N.	E.			NO 🔯
3.	NAME OF DECEASED	Fic	st	Middle		Lost		4. DATE	Mon	th	Do	ıy	Year
	(Type or print)	Abe		-		Rand,	Jr.	DEATH	7			23	19 58
5.	SEX	6. COLOR OR RACE	7 MARR	IED NEVER MARRIEI	D X	8. DATE OF BIRTH			P. AGE (In years				ER 24 HRS
	Male	Negro	WIDOWE	D DIVORCED		3/6/26			last birthdoy) 32 yes.	Months	Days	Hours	Min
100	. USUAL OCCUPATION	N (Give kind of work ing life, even if retired	done 10b	KIND OF BUSINESS OF	INDUS	TRY 11. BIRTHPLA	CE (State	or foreign c	ountry)	12 CI	TIZEN O	F WHAT	COUNTRY
	X-ray tech	mi cian	Dı	. V. Wilke:	rson	M	0.				USA		
	FATHER'S NAME					14. MOTHER'S	MAIDEN	NAME					
	William	Rand				Fanni	e Che	eatham					
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CE57 16.	SOCIAL SECURITY NO.	}17, II	NFORMANT	0 0111	or or return	Addi	'ess			
{Y4	No. or unknown)	(If yes, give war or dates of s	ervice}	86-26-5536		Decede	nt		_				
-		TH [Fater only one or		e for (o), (b), and (c).]		Doce ac.					INTE	ERVAL BE	TWEER
		TH WAS CAUSED BY:			haaha	- t- 7 4 -					ÖNS	ET AND	DEATH
		IMMEDIATE CAUSE (o		Pulmonary i	Lube	reulosis	-				-	12 y	rs.,
	Candisians is a												
	Conditions, if a gave rise to in	mmediale (-
	tying couse last.												
z		J (C		ONTRIBUTING TO DEA	TUG UT	NOT BELLYED TO	PHE TERM	NAL DICEAS		Ph. 1 and Ph. 1		0. 1444.6	LILEGARY
15									E CONDITION GIV	EN IN PAI	(1 1(0) 1	PERFO	RMEDA
5	LOIT WA	thoracopia	STV D	erformed in	1 19	li/; cor	ou.Lmc	nale	11 -6 ' 10 1			YES	NO Z
L CERTIFICATION	OR CONTRIBUTING	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	200. DE3(TRIBE HOW INJURY OC	CUKKEL	(Enter nature of	Injury in	raff I of Por	f II of item 18.)				
MEDICAL	Hour a. n.	Y Month, Day, Ye	While	Not white	20e. PL/ fac	CE OF INJURY (Hetory, street, office	ome, farm bldg., etc	20f. {City	or town)	(County)		(Stole)
*	p. m.		at work		^			= /					
	21. I certify th	at I attended the	decease		Z	, 19_56,	ta	7/2	23, 19.58	_,that I	last so	w the	deceased
	alive an	1/22	,_, 12/.	50,, and that 6	death	accurred at			n the causes a		he da	te state	ed abave
				MIII				ADDRESS (S	treet, city or town,	state)		D/	ATE SIGNED
	ACTUAL SIGNATURE	0000	V	VUAL	/	и. р. <u>G</u> .	enn	Dale J	Hospital			7/3	23/58
L	PHYSICIAN'S NAME (Type)	. Moe V	Veiss	, M. D.		G.1	enn	Dale,	Md.				
220	BURIAL CREMATIO	N, 226. DATE THERE	F	22c. NAME OF CEMET	TERY OI				IION (City, town, e	or county)		(Stot	e)
	EMOVAD (Specify)	7-33	-58	Wanda	d /17/3	WAINIA		Kan	san Citar	Mari		. //	
23.	FUNERAL DIRECTOR	S SIGNATURE SIB	F. Ola	2.5ADDRESS			240. REC'		RAR . 24b. REGIS		GNATUR	2E /	
	malo	In X'D	che	1424	R	// *	DATE 7	144/2	20	Wir	LOLL		



13-

200	MARYLAND S	TATE DEPARTME	NT OF HEALTH-	BALTIMORE, 18					
>	8249	CERTIFICA	TE OF DEATH	Re	g. Dist. No. 306				
	1. PLACE OF DEATH 0. COUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE (Where of STATE Maryland	deceased lived If institution R	esidence before admission) ince Georges				
	Hyattsville Md	t. LENGTH OF STAY IN 16 40 years	4 - 4	de corporate limits, write RURAL VILLE Md.	and give nearest town)				
1	d NAME OF HOSPITAL (If not an hospital, give street ode OR INSTITUTION 5104 41th avenue	dress)	d. STREET ADDRESS 5104 41	lth avenue	e. 15 RESIDENCE ON A FARM? YES NO				
	3. NAME OF FIFSI DECEASED	nard Reeside		DATE Month Of J.ly	2 Noy Year 19 58				
	5. SEX 6. COLOR OR RACE 7. MARRIED White WIDOWED		DATE OF BIRTH June 24, 1889		NDER 1 YEAR IF UNDER 24 HRS. Oths Days Hours Min				
	100. USUAL OCCUPATION (Give kind of work done lob KII during most of working life, even if retired) US		RY 11 BIRTHPLACE (State or R		2. CITIZEN OF WHAT COUNTRY!				
	13. FATHER'S NAME John B Reeside		14 MOTHER'S MAIDEN NAME Florence Fe						
	(Yes, no or unknown) (If yes, give wor or dates of service)		formant delaide C Rees	Address side Hyattsv:	ille Md.				
	1B. CAUSE OF DEATH [Enter only one couse per hing PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	for (0), (b), and (c)]	The and	esto.	INTERVAL BETWEEN ONSET AND DEATH				
Conditions, if ony, which gove rise to immediate couse (a), stating the under lying couse (a), stating the under lying couse (a).									
0	PART IS. OTHER SIGNIFICANT CONDITIONS CONDIT	NTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN	N PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO				
		IBE HOW INJURY OCCURRED	(Enter nature of injury in Part I	l or Part II of ilem 18)					
	Hour e. m. While	Not white of work 20e. PLAC	CE OF INJURY (Home, farm, 2007), street, affice bldg., etc.)	Of. (City or town)	(County) (Slote)				
	21. I certify that I attended the deceased alive on 195	. >	occurred at 1:05 P.M		at I last saw the deceased on the date stated abave.				
41.	ACTUAL SIGNATURE A LAGE A BOOK	iersferd "	0/7/2C.S/	RESS (Street, city or town, state)	DATE SIGNED				
Ì	PHYSICIAN'S F Herbert Z	But rs Felo		3					
	Burial July 7, 1958	22c. NAME OF CEMETERY OR Arlington		LIOCATION (City, lown, or cou Arlington Vir	ginia				
	23. FUNERAL DIRECTOR'S SIGNATURE F. Gasch's Sons Hyatts	ADDRESS Sville Md.	24a. REC'D BY	registrar 246 registrar	e's signature				



FOR STATE HEALTH DEPT.

rial director Page of for your files. execute the certificate, writing the ward a shauld be farwarded to the Chief M TO FUNERAL DIRECTOR: Page 3 should an its designated agent, prior to borial,

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay execute the certificate, writing the ward "pending" in pencil in Item. 18. Give Pages 1, 2, and 3 to the function a should be forwarded to the Chief M. In Examiner's Office along with farm PM3. Page 5 may be restored FUNERAL DIRECTOR: Page 3 should be seed as a burial-transit permit. File pages 1 and 2 with the page its designated agent, prior to barial, cremation, or remayed, and in any event, within 72 hours after death

VS ATSME 5M 2 '57

06

23 FUNERAL DIRECTOR'S SIGNATURE -

J. COLLINS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8295 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

 CERTIFICATE OF DEA	4 1100
2. USUAL RESIDENCE (Where deceased lived o. STATE Maryland b	If institution Residence before admission COUNTY Pr. Geo.

PLACE OF DEATH	Prince Georges	MARYLAND	2. USUAL RESIDENCE (Where deceded on STATE Maryland		esidence before admission)
and give neorest to	(If outside corporate timits, we se RURA was) Verly	c. LENGTH OF STAY IN TO	c. CITY OR TOWN (if autside co		and give nearest town)
d NAME OF HOSE	PITAL OR INSTITUTION (If not	in hospitol, give street address)	d. STREET ADDRESS		ON A FARM
Prince	Georges Gener	al Hospital	5707 64th P	race	YES NO
3. NAME OF DECEASED (Type or print)	William First	Curtis Reising	LOS! 4. DATE OF DEATH	July	29 Doy Yeer 58
5. SEX Male	white win	ARRIED NEVER MARRIED	1-25-52	9. AGE (in years test berinday) Month	DER TYEAR IF UNDER 24 HE
10a USUAL OCCUPA' during most of work	TION (Give kind of work done king life, even if retired)	106 KIND OF BUSINESS OR INDUS	TRY II BIRTHPLACE (Slote or foreign	country) 12.	CITIZEN OF WHAT COUNTS
None		None	Maryland		U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
the Thirt was a facility of the Control of the Cont	iam Curtis Rei	the state of the s		ary Ryan	
[Yes, no, or unknown]	EVER IN U. S. ARMED FORCES? If yes, give war or dates of service)	16. SOCIAL SECURITY NO 117.	INFORMANT	Address	11 0
			Mr. C. Reisinger;	same address	28 # 2.
1 1	EATH (Enter only one cause pe	r line for (o), (b), ond (c) }			DIVERNAL BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Asphyxia			
924	8 DUE TO				
Conditions, if		Drowning			
gove r'se lo imn	rediate couse			the statement of the state of	
(o), stoling the	The same of the sa				
	THER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN	PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
20g. EXTERNAL C PRIMARY DEGE C CAUSE OF DEATI	ONTRIBUTING	Droming	Enter noture of injury in Part I or Part I	of item 18.)	A.
20c. TIME OF INI		20d. INJURY OCCURRED, 20e PU	CE OF INJURY (Home, form, 20F (Cit	y or town)	(County) (Stole)
10.3000	7_20_58 19	ALBITRATION TO WILLIAM	stream E.	Riverdale	Pr. Geo. Md.
		the remains described abo			uiry 🔊 and in m
		ral causes . Accident		- Land	
Opinion dedi	resolice fram: Nego	/ / / / Accident	, Joicide [], Manifelde	⊵, Undetermine	a manner
ACTUAL SIGNATURE	ohn M.	aloney -	M D CHIEF MEDICAL EXAMINER		DATE SIGNED
EXAMINER	Talua (D. Mailan	N.D.	ASSISTANT MEDICAL EXAMIN	_	0 1058
NAME (TYPE)	John T. Malon	* M	DEPUTY MEDICAL EXAMINER		9, 1958
REMOVAL (Speri		22c NAME OF CEMETERY OF		LTION (City, town, or coun	
Burial	8-1-58	ARLINGTON N	ATIONAL AR	LINGTON	VA.

14th. St.N.W.

3821

240 REC'D BY REGISTRAR

DATE AUG 1

246 REGISTRAR'S SIGNATURE



41	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
W-	8329 CERTIFICATE OF DEATH Reg. Dist. No.
director Hed With	1. PLACE OF DEATH + ORESTVILLE, M.D. 2 USUAL RESIDENCE (Where deceased lived in stitution residence before odmission) of COUNTY PRINCE GEORGES MARYLAND STATE OF COUNTY PRINCE GEO.
funero	ECITY OF TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) CREST VILLE MD C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORESTVILLE, MD ** ** ** ** ** ** ** ** **
by the 2 sho	d NAME OF HOSPITAL III not in hospital, give street oddross) d STREET ADDRESS OR INSTITUTION C IS RESIDENCE ON A FARM? YES □ NO □
filled ges	3. NAME OF DECEASED (Type or print) C HARLES JOHN REISSER DEATH JULY 15 1958
ed with	5. SEX 6 COLOR OR RACE 7 MARRIED TINEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years INLUNDER 1 YEAR IF UNDER 24 HRS
and cample	METALLIC LATHER BUILDING HARRISBURG, PA. U.S.A.
ficate by ysicion ave cort	CHARLES KEISSER OTTIHA WITMORE
th certification of the certif	NO (11 yes give not or deter of service) 1374-2845114WIFE-URS. BERTHA KEISER - 37710-8211011
the dea	18. CAUSE OF DEATH [Enter only one couse par line for (o), (b), ond (c), 1. PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) A CUTE CONGRESSIVE FAILURE BAYS
es that ed by the	Conditions, if any, which of Myccardial ENSUFFICIENCY 3441.
requir	couse (o), storing the under: DUE TO TY DERTENSIVE ARTERIOSCIEROSIS 10-1341.
The lay physics be careed,	BILAT, INGUINAL HERNIAS, PERFORMED? YES NOTE
tendin ificol i	US CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIA tal or of this cert ir use on remation	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work
NDING te haspire After xched fo wrial, c	21. I certify that I attended the deceased from July 1949, to July 15, 1958 that I last saw the deceased alive an 13 July 1958, and that death occurred at 150M, from the causes and an the date stated above
A ATTE ed by th RECTOS be deleted ion to be	ACTUAL SIGNATURE ACCUSED TO FOWEL AND 7200 MARLEORN PIKE SE
PITAL OF retainer RAL DISTRUCTION SHOULD STORY OF STREET	PHYSICIAN'S S. W. LONRY MD. WASH. 28 DC.
O HOSPI may be O FUNER page 3 s the regis	220 BLRIAL, CREMATION, 12th DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d (OCATION (City, town, or cognity) (Siole)
VS A15 (4) 15M 10/57	23 FYNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 7216, REGISTRAR'S SIGNATURE DATE DATE 17 160
	Task DC



VS A15 (4) 1SM 10/S7

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08309

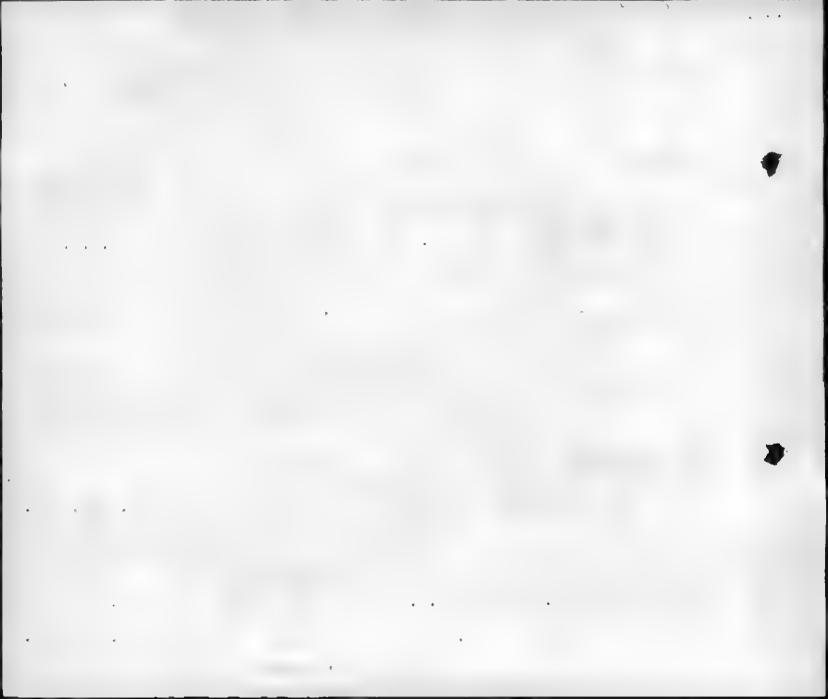
CERTIFICATE OF DEATH 8250

Reg. Dist. No.

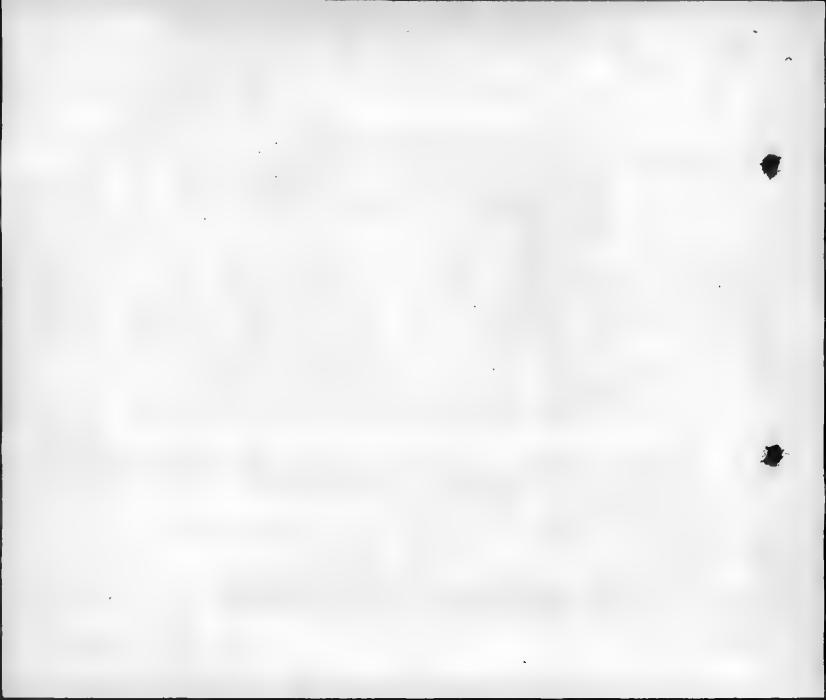
1. PLACE OF DEATH • COUNTY P	rince Geor	ge's	MARYLA		o. STATE Maryla	here deceased	b COUNTY	n Residenc	e before ad	orges
RURAL and give i	(If outside corporate liminearest town) tsville Md	ts, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (IF	oulside corpor		JRAL and g	ive negrest i	lown)
d NAME OF HOSP OR INSTITUTION	ITAL (if no) in hospital, s				d. STREET ADDRESS		r Street) 0	RESIDENCE N A FARM?
4104 3 NAME OF	Oliver S								FES	I NO E
DECEASED (Type or print)	Bert	ha	Maria Maria		ehl Last	4. DATE OF DEATH		y 27,		19 58
female	6. COLOR OR RACE white	7 MARR	DIVORCED	_	DATE OF BIRTH Feb 24, 187		9. AGE (in years bot birthdoy) yrs		YEAR IF U	
Ho	ON (Give kind of work rking life, even if retired usewife	done 10b.	KIND OF BUSINESS OR II	NDUST	Germai	ny	untry)		ZEN OF WI	HAT COUNTRY
13. FATHER'S NAME	17 103 1				14. MOTHER'S MAIDEN					
	Herman Fie				Marguer	ite .	Lossa			
(Yes, no or unknown)	ER IN U. S. ARMED FOR (If yes, gave war or dates of s	CES7 16. ervice)	none		ilip Riehl	Hyat	tsville		land.	
Conditions, if a gave rise to cause (a), staling lying cause last	ony, which (b) (b) DUE TO	E 5	PERTENS SSENTIAL		HYPERT	ENS			161	YEARS EARS
RIGHT	HEMIPLES	FLA,	SINCE 3/19		T, DUE TO C					
20g ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFI	AS UNDERLYING [] G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCU							
Hour o.m.	RY Month, Doy, Yes	While of work	Not while	focto	E OF INJURY (Home, formally, street, office bldg., etc.)	r.)	·		ounty]	(Stole)
21. I certify to alive an Signature Signature Physician's NAME (Type)	JE Bon	182	ed from OCT (, and that de MAN, M.D.	ath a	ccurred at 3:48	ADDRESS (SIF	the causes of the cause o	nd an th	ast saw the date st	he deceases ated above PATE SIGNES 27/58
720. BURIAL, CREMATIC REMOVAL (Specify Burial	7/30/58	F	Port Linco				ION (City, fown, o			itote)
23. FUNERAL DIRECTOR			ADDRESS			D BY REGISTR				
373	h's Sons	Hya	ttsville Ma	ryl		1111 3 U	1 1 A .		uch	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 118310 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8296 FOR STATE Rea. Dist. No. FALTH DEPT. , PLACE OF DEATH USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY files. Heolth, Prince Georges MARYLAND Maryland Geo. b. CITY OR TOWN I'll outside corporate limits, we to EJEAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) your do of 1 days. Cheverl Landover d NAME OF HOSPITAL OR INSTITUTION (If not in hospitor, give street address) d STREET ADDRESS e IS RESIDENCE ò ON A FARM? "Rose Mont" YES X NO Prince Georges General Hospital NAME OF DATE Middle DECEASED (Type or print) Alice Roberts DEATH 21 Jav July 9. AGE OR years 6. COLOR OR RACE 7 MARRIED NEVER MARRIED P. C. DATE OF BIRTH IF UNDER TYPAR IF UNDER 24 HRS Months Hours M.n. Female white DIVORCED [7] 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) during most of working I fe, even if refired) 12 CITIZEN OF WHAT COUNTRY? Farmer (Tobacco Landover. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Williams Roberts Elesa Weems 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) (II yes, give war or dates of corvice) No Mema R. Prentice: same address 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN **CINSET AND DEATH** PART I. DEATH WAS CAUSED BY: Congestive heart failure IMMEDIATE CAUSE (6) DUE TO 48 hours Bronchopneumonia Conditions, if any, which gave rise to immediate cause **DUE TO** (0), stating the underlying COUSE TOST. 2nd and 3rd degree burns of body days PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 17. WAS AUTOPSY PERFORMED? NO PO 200 EXTERNAL CAUSE WAS PRIMARY TO FOR CONTRIBUTING TO CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Hem 18.) stairs while carrying a kettle of 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 1 20f. (City or town) 20c. TIME OF INJURY (County) factory, street, office bldg , etc.) 19 58 While Not white Md. Inquiry X opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined monner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE_ ASSISTANT MEDICAL EXAMINER [7] EXAMINER! Maloney, M.D. John T. DEPUTY MEDICAL EXAMINER TO 1958 July 21. NAME (Type) 220 BURIAL CREMATION 276 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY Cometer 72d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Barnebas Episcopal Runial Leland 23 FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 246_REGISTRAR S SIGNATURE VS. A15ME Bros . Funeral Home - Marlboro . Md. DATE



MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. ALTH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I'ved. If institution Residence before admiss on) g. COUNTY q. STATE b. COUNTY files. Health, b. CITY OR JOWN I' but c LENGTH OF STAY IN 16 C CITY OF TOWN III autside corporate limits, write RURAL and a ve nearest town) d NAME OF HOSPITAL OR INSTITUTION d STREET ADDRESS (If not in hospital, give street address) ON A FARM? NAME OF DECEASED (Type or print) IF UNDER TYEAR MARRIED M NEVER MARRIED B. DATE OF BIRTH Months Days Haurt | Min. WIDOWED [7] DIVORCED [10a USUAL OCCUPATION (Give kind of work done 10b duesto most of working life, even if refired) KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? pages 13. FATHERS NAME em, 18. Give Pages fong with form PM3. Š 17. INFORMANI 16. SOCIAL SECURITY NO. Address INTERVAL BETWIEN 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office **DUF TO** Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying b cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALDISEASE CONDITION WAS AUTOPSY PERFORMED? NO [20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED [Enter nature of injury in Part I or Part II of Hem 18] ef M 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) #State1 factory, street, office bldg., etc.) Hour a.m. While at work at wark p. m 21. I certify that I toak charge of the remains described above, held an Autopsy 📝, Inspection 🔃 Inquiry 📭 Suicide . Homicide . Undetermined manner forwarded apinian death resulted from: Noturo) couses M. Accident DIRECTOR DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE FUNERAL C EXAMINER'S **DEPUTY MEDICAL EXAMINER** NAME (Type 22d LOCATION (City 24o. REC'D BY REGISTRAR ES. A15ME 5M 2/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



JF 1	M	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	X	8331 CERTIFICATE OF DEATH Reg. Dis() No. 313
rs after death. Page by the funeral director is should be filed with	M	1. PLACE OF DEATH O. COUNTY O. COUNTY D. CITY OF TOWN (If autiside consorate lights, write C. LENGTH OF STAY IN 1b C. CITY OF TOWN) (If autiside consorate lights, write C. LENGTH OF STAY IN 1b A STREET ADDRESS OR INSTITUTION OR INSTITUTION ON A FARM? YES NO D COUNTY A CUPY OF TOWN (If autiside consorate lights, write C. LENGTH OF STAY IN 1b A STREET ADDRESS ON A FARM? YES NO D
ed within 24 hou pletely filled in ers. Pages		3. NAME OF DECEASED HER BERTS JAMES RUCKER OF DEATH JULY 29th 1930 5 SEX 6. FOLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (11 years IF UNDER 14 FAR IF UNDER 24 HP lost bighday) WIDOWED DIVORCED DIVORCED 17, 1908 14 Grant 1981 1981 1981 1981 1981 1981 1981 198
rificate be executed physician and cample move carbon papers. haves after death.		13 FATER'S NAME 13 FATER'S NAME 14 COUNTY OF SUSTEMBLE
th certification of the certif		(19 pos. give world dates of service) Frank Milten Rucker 241 Hellsige Pel &
requires that the dec an. I signed by the atten sit permit. Then ple and in any event with		18. CAUSE OF DEATH [Enter only one coarse per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate course (o), stating the under lying cause lost. (c) INTERVAL BETWEEN ONSET AND DEATH DIAMON'N 3 MICELETY CONSET AND DEATH CONSET
ing physicing ph	,	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS: PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING 10 CONTRIBUTING 10 CAUSE OF DEATH OR CONTRIBUTING 11 CAUSE OF DEATH OR CONTRIBUTING 11 CAUSE OF DEATH OR CONTRIBUTING 11 CAUSE OF DEATH OR CONTRIBUTING 12 CAUSE OF DEATH OR CONTRIBUTION 12 CAUSE OF DEATH OR CONTRIBUTION 12 CAUSE OF DEA
PHYSICIAN tol or ottend this certifice or use as the remotion, or		OF COUNTY MEDICAL EXAMINER) OF EITHER, NOTIFY MEDICAL EXAMINER) OF COUNTY MEDICAL EXAMINER OF COUNTY MEDICAL EX
OR ATTENDING ned by the hospi NRECTOR: After d be detached fo prior to burial, c	1	21. I certify that I attended the deceased fram 1541 5, 1958, to 1954, 1958, that I last saw the deceased alive on 1844 21 54, 1858, and that death accurred at 1056 M, from the causes and on the date stated about 1850 M, from the causes are caused about 1850 M, from the caused a
SPITAL be retain IERAL D 3 shauk	, ,	PHYSICIAN'S MEDIT A. T. HUSTIN M.D. 220. BURIAL, CREMATION, 220. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Idwn. or county) (Storie)
AS MITE (4)	1473A	22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial (Specify) Burial (Specify) Burial (Specify) Burial (Specify) Burial (Specify) Burial (Specify) Suitland, Marylande 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR, SIGNATURE DATE AUG 1 SUITLAND AUG 1 SU
15M 9/55		Car of Mail Mandal Mail

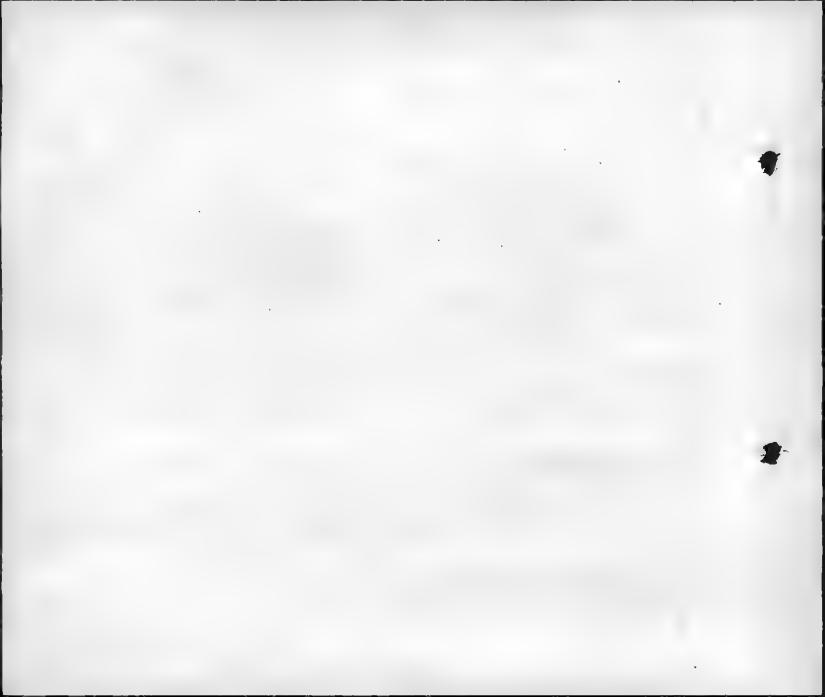
F. LC GLL ".

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certifical das been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the final-transit permit. Then please remaye carbon papers. Pages detached for use as the final-transit permit. Then please remaye carbon papers. Pages detached for use as the final and event within 72 hours after death. M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

	8298	CERTIFIC	CATE OF DEATH Reg. Dist. No.	
	CE OF DEATH COUNTY PIN'EG GEVRE	63 MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b COUNTY & Medical Grande	 (c3
1 3	CITY OR TOWN (If outside corporate limits, write WRAL and give nearest town)	c. LENGTH OF STAY IN 16	b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
d. 1	NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION 2 - LAKE JIPE -	Delve	d. STREET ADDRESS 142-LAKESIDE D2102 VES NO	M?
	ME OF First DO HN	MICHAEL	RYAN 4. DATE Month Pay Year OF DEATH JULY 9 00 19	== 5 S
5. SEX	ALE WHITE WIDOW		JULY 1907 50 yrs. Months Days Hours M	HRS.
INF	ORMATICA SETALIST (1)	KIND OF BUSINESS OR IND	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COU 12. CITIZEN OF WHAT COU 12. CITIZEN OF WHAT COU	INTRY?
7	OSEPH RYAN		14. MOTHER'S MAIDEN NAME MARY BRAY	
	AS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	ANN M. RYAN-12-KAKESIDE DE	3027
IB.	PART I. DEATH WAS CAUSED BY:	ne fer (a), (b), and (c).	interval Between onsety and Dear	TH
g	Conditions, if any, which pove rise to immediate auso (a), stoling the under- ying cause lost.	7 /		_
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS O	CONTRIBUTING TO DEATH BU	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO PERFORMED YES NO	7
	ACCIDENT WAS UNDERLYING 20b. DES R CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUR	RRED. (Enter nature of injury in Port I or Port II of item 18.)	
WEDICAL 200	C. TIME OF INJURY Month, Day, Year Hour a. jt. p. m. 19 of wor	Not while 1	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (S foctory, street, affice bldg., etc.)	itole)
al	live on 19 1	70 //	ath occurred at 2.22 M. from the causes and on the date stated al ADDRESS (Street, city or town, state) DATE SI	bove.
SIC	THATURE THEM WOLLD INSICIAN'S HANS WO	DAK M.D.	_MO. 38-C RIDGE RY GREENBELT, Vyd 7-9	1-57
220 BL	JANAL (TYPE) JANAL CREMATION, 226. DATE THEREOF JANADUAL Specify	22c. NAME OF CEMETERY	Y OR CREMATORY 22d. LOCATION (City, town, or county) 167 CETY (LITS HIME TOW) (\$101e)	
	NERAL DIRECTOR'S SIGNATURE	ADDRESS - General	240 REC'D BY REGISTRAR 246. PEGISTRAN'S SIGNATURE DATE JUL 1 1 '58 CUT LEGULA	_





-	L	8300 CERTIFIC	AIE OF DEATH	Reg	, Dist. No.
W)		MARYLAND COUNTY MARYLAND C. CITY OF JOUGH & JOB Corporate limits, write C. LENGTH OF STAY IN 1b	2 USUAL RESIDENCE (Where dec o. STATE Marry and c. CITY OR TOWN (If outside of	Prince (George
		RURAL Cheverly owned lo Hrs	1200 53rd Ple		and give nearest town)
77		NAME OF HOSPITAL (If not in hospital, give street oddress) 10 OR INSTITUTOR George's General	Bladensbur		e IS RES DEN ON A FAR YES NO
	I .	NAME OF DECEASED Schmidt Baby Boy Middle Baby Boy	Last 4. DA	ATH July 3 Month	Day Year
	5.	Male White WIDOWED DIVORCED	July 3 1958	last birthday) Mant	IDER TYEAR IF UNDER 24
)	100	. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR IND during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or fores	ign country) 12.	U.S.A.
	13.	Fredrick J. Schmidt	Patricia Hodg	88	
	15 (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Hospital r	ecords Cheve	erly Md.
		18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO	detection		INTERVAL BETWE
		Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.	Tremale	and J.	
÷	CATION	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL	IT NOT RELATED TO THE TERMINAL DIS	sease condition given in	PART I(o) 19 WAS AUTO PERFORME YES NO
	L CERTIFI	20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH LIFERY, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or	r Port of ilem 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. I While Nat while of work of work	PLACE OF INJURY (Home, farm, 20f. actary, street, affice bldg., etc.)	(City or tawn)	(County) {
		21. I certify that I attended the deceased from 2 July 1958 194, and that deal	h accurred of 11:35PM.		t I last saw the dec
,		ACTUAL SIGNATURE SIGNATURE	M.D. 5341 Here	SS (Street, dity or town, state)	Haple, 7
1		PHYSICIAN'S NAME (Type) John W, Perkins M. D.			Mrl, 1
	E			ocation (City, lawn, or countshington D.	
	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. Gasch's Sons Hyattsville Md.	240. REC'D BY RE		SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08316

e IS RES DENCE ON A FARM? YES NO

Year 58

Reg. Dist. No.

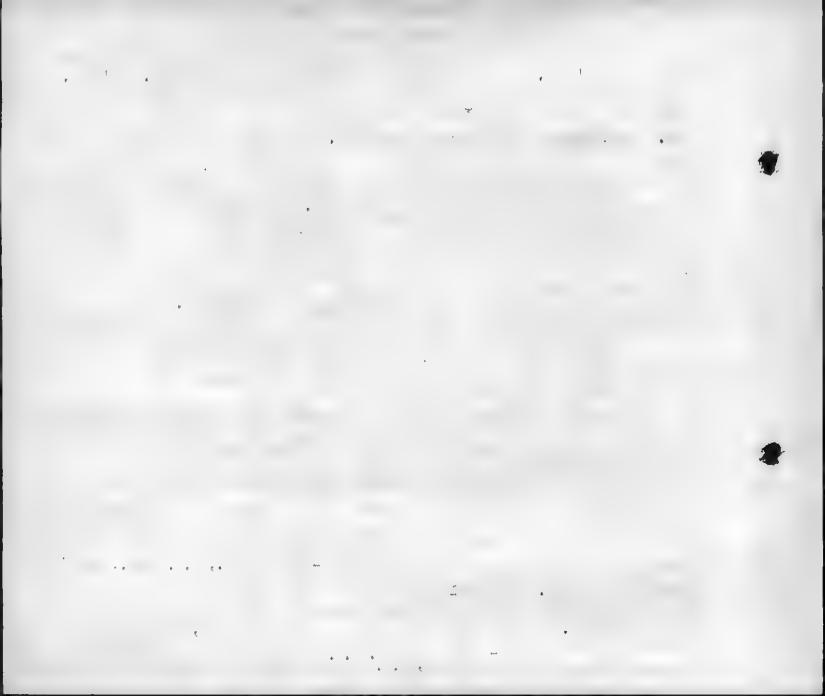
BIRTH	9. AGE (In years		IF UNDER 24 HRS
3 1958	last birthday)	Months Days	160s 5M.n
RTHPLACE (State or foreign	· ·	12. CITIZEN O	DE WHAT COUNTRY
Maryla nd			S.A.
HER'S MAIDEN NAME			
tricia Hodge	8		
Hospital re	Add Cl	rest heverly	Ma
	COLUM VI	ile v er 15	*****
Vertuse			ERVAL BETWEEN SET AND DEATH
7			
remake	why		
	()		
ED TO THE TERMINAL DISE	ASE CONDITION GIV	VEN IN PART I(o)	19 WAS AUTOPSY
			PERFORMED?
ture of injury in Part I or P	'ort II of ilem 18.)		
URY (Home, form, 20f. (C	ity or tawn)	(County)	(State)
office bldg., etc.)			
58 to - 2 c	[11] V 10 5	84-411-4	ow the deceased
ot 11:35P _{M, fre}		MINOT I IOST S	ow the deceased
AODRESS	om the couses ({Street,,øliy,er town,	and on the do	ite stated abave DATE SIGNED
301 1	11 hans	A 11	11 -1
	-00	177	Che 1-13/3
		Much	1/07
RY 22d, LOC	ATION (City, lawn,		
	shington		(State)
240. REC'D BY REG		STRAR'S SIGNATU	RE
DATE 30L	30 0	Vir-educe	h



Washington 20. D.C.

death.

within 24 hours ofter



VS A15 (4) 15M 10/57 M

MARYLAND STATE	DEPARTMENT O	F HEALTH—BALTIMORE,	18
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CERTIFICATE OF DEATH

	220		11-01 -11		Reg. Di	st. No.
I. PLACE OF DEATH	0001	•	2 USUAL RESIDENCE (WI			ice before odmission)
	rince Georges	MARYLAND	Maryla	nd	. COUNTY Prince	Georges
6 CITY OR TOWN () RURAL and give no	f outside corporate fimits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	outside carparate lin		
A STORY OF	2 2 2 2 2	1 Month 22 d	Clinton			
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, give stree	t oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Prince Ge	orges General	Hospital	Box 390			YES NO
NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Doy Yeor
(Type or print)	Elizabeth		Sheaks	DEATH	July 2	19 58
i. SEX	6. COLOR OR RACE 7 MAR	RIED NEVER MARRIED	8. DATE OF SIRTHFIED.	15, 9. AGI		1 YEAR IF UNDER 24 HI
Female	White WIDOW	44		380 . 7	8 yrs. Months	Days Hours Min
On USUAL OCCUPATION during most of work	ON (Give kind of work done 10b	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign country)	12 CI1	IZEN OF WHAT COUN
0.00	Housewife	Own Home	Z R	ylvania Skiek		U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME		
Jacob R	einoehl		Carry Mi	ller		
	R IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO 17.	INFORMANT E	30x 390	Address	
No			Sadie Shoop	Ber 1500	Clinton, N	id.
18 CAUSE OF DEA	ATH [Enter only one couse per l	line for (o), (b), and (c).]				INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: Met	estatic Carcin	oma to Lungs	and Media	stinum	6 months
170X	DUE TO					
Canditions, if o	ny, which } the Ade	nocarcinoma of	the Right Br	east		l vear
gove rise to in couse (o), stoting	mmediate Dur To					
lying couse lost.	(c)					
PART II OTH		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE CONE	DITION GIVEN IN PAR	T I(o) 19 WAS AUTOPS PERFORMED? YES NO
	S UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of it	tem 18.)	
20c. TIME OF INJUR Hour o. m.	While		ACE OF INJURY IHome, form clory, street, affice bldg., etc	, 20f. (City or tow	n) ((County) (Stat
21. I certify th	at Lattended the decea	sed fram 5/28/58	, 19, ta	7/22/58	19 that I	last saw the decea
alive an 7/22		4 8	accurred at 2:05			
1	1-00 - 0/1	72		ADDRESS (Street, ci		DATE SIG
ACTUAL SIGNATURE	When Do	son M	MD. 5304 FI	mapolis	Road	7/23/58
NAME (Type)	illiam D. Ro	sson, M.D.	6/ade	usling	Maryla	nd_
20. BUR AL, CREMATIO REMOVAL (Specify)	, ,	22c. NAME OF CEMETERY O			lity, town, or county)	(Stote)
Burial	7/25/58	Washington	National Ce	m: Su	itland	Md.
FUNERAL DIRECTOR	_	Home Wanter		D BY REGISTRAR	245 REGISTALAR'S SIC	GNATERE
Ritchie E	Brog.Funeral	TIOTIO MA SAL POST	o. Md. I a	H O O HEO	17774.014	LEVA



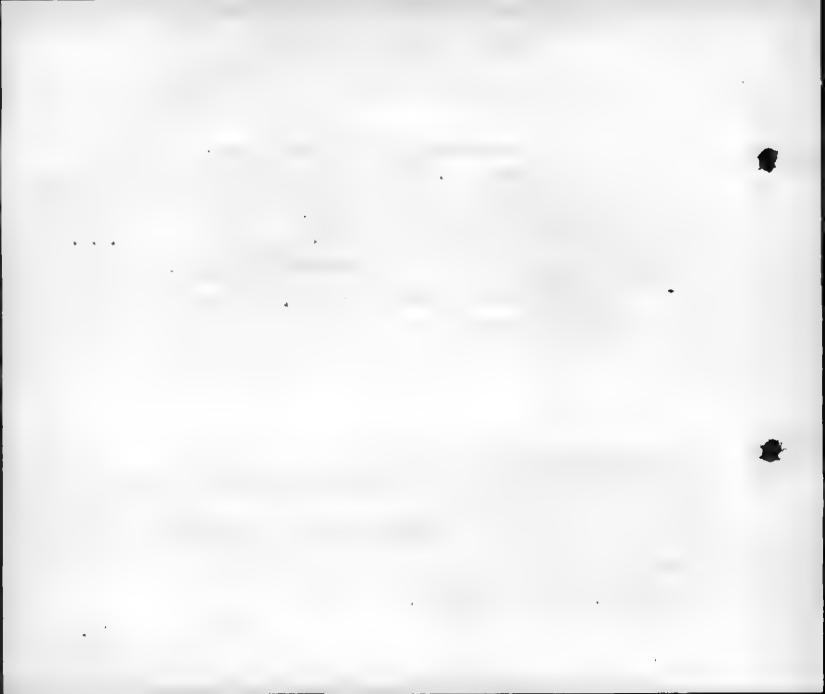
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

8302 CERTIFICATE OF DEATH

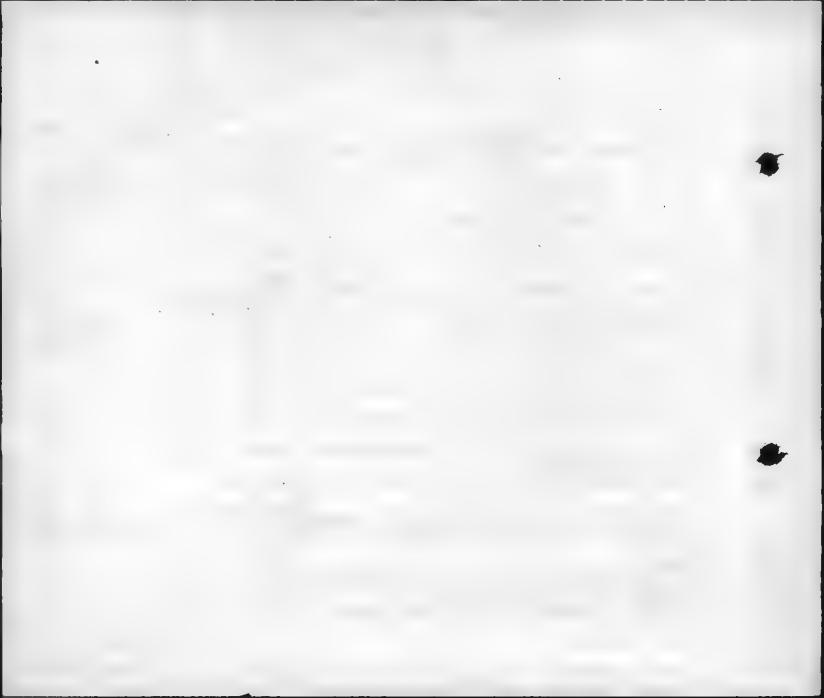
08319

901	V. P.A.			Reg. Dist. No.
1 PLACE OF DEATH		2. USUAL RESIDENCE (WI		ion. Residence before admission)
Prince Georges	MARYLAND	Manyla	and b count	rince Georges
 b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town) 	rile c. LENGTH OF STAY IN 16		pulside corporate limits, write l	
Cherarly	13 hr	X Illitehous	se Hahts	
d. NAME OF HOSPITAL (If not in hospital, give to or institution Prince Cacraes Gener	·	d. STREET ADDRESS		e. IS RESIDENCE ON A FARMS
	- · · · · · · · · · · · · · · · · · · ·	700 - ai	rmn lve.	YES NO P
OF DECEASED (Type or print) Tarry	# G. Middle	Shearer	OF DEATH J11	-10
5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8 DATE OF BIRTH	9. AGE (in years	IF UNDER I YEAR IF UNDER 24 HRS
Male Thite W	DOWED DIVORCED	11 Sept. 19		Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plaster	Construction	STRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME OSCAP Shearer		Margare t		
			Sull1v	(8).71
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year) or unknown)	579 O1 5496	IVA B.	hearer	ress AB Z
1B. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY:	10. As 10 mm	un backer		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o) OUE TO		- Com	serv	
Conditions, if ony, which) (b)		•		
gove rise to immediate Couse (a), stating the under DUE TO				
lying couse lost.				
	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	VEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? W
PART II OTHER SIGNIFICANT CONDITION 205. ACCIDENT WAS UNDERLYING 206. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED). (Enter nature of injury in I	Port I or Port II of item 18.)	1 10 110 110
	NOd, INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	201 (5)	
Hour o.m.	Vhile NoI while for	clary, street, office bldg., etc.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(County) (Slote)
21. I certify that I attended the de-	ceased from 25 July	1957, 10-7	7 0/1/2 10/0	that I last saw the decease
alive an 27 July				
Onve direction of the second	die mar deam	occurred att, 86A	JM)-from the couses (ADDRESS (Street, city or town,	and on the date stated abov
ACTUAL The In The	Po tein	477,5	Late of County or lown,	stote) DATE SIGNI
SIGNATURE TO THE STATE OF THE S		W.D	accioni y t	1-0-18
PHYSICIAN'S Dt. Thoams M	Hutchins IDa	/fryan	llarelly, me	×
220 BURIAL, CREMATION. 226 DATE THEREOF BURIAL (Specify) July 30	FLOWER H11		22d LOCATION (City, fown, Rediand	or county) (State)
23. SUNERAL DIRECTOR'S SIGNATURE ROY W Barber	Laytonsville,	3.6 4	D BY REGISTRAR 246 REGI	STRAR'S SIGNATURE

VS A15 (4) 15M 10/57



61/	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
D'(M"	Item 17. Film G-232 8/8/5 CERTIFICATE OF DEATH Reg. Dist. No. 320
Page director	1. PLACE OF DEATH O. COUNTY O. COUNTY O. STATE D. C. B. COUNTY b. COUNTY b. COUNTY
death.	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest fown) WASHINGTON 4.
after the fi	d. NAME/OF HOSPITAL (IF not in hospital, give street address) OR INSTITUTION OR AFROM ON A FARM? YES NO DE ST. N. W. YES N. YES NO DE ST. N. W. YES N. Y
24 hours	3. NAME OF DECEASED First Middle Last 4. DATE Month Doy Year
within 2	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In year) IF UNDER 1 YEAR IF UNDER 24 HRS
ted .	Male White WIDOWED DIVORCED March 5, 1883 of Months Days Hours Min Fiba. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or fore.gn country) 12 CITIZEN OF WHAT COUNTRY:
and bon a	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME.
certificate E g physician remave car 72 haurs oft	1s. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT 2010 Address
9 p 2 C	(10s no openharown) [11 yes, give wor or dotes of service] 578-07-300) Bernaud 19810 Fact. Guel.
\$ # E E	PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) CAUCLY of Storing ch & Hetastases IMMEDIATE CAUSE (a) CAUCLY of Storing ch & Hetastases IMMEDIATE CAUSE (a) CAUCLY of Storing ch & Hetastases IMMEDIATE CAUSE (a) CAUCLY of Storing ch & Hetastases IMMEDIATE CAUSE (a) CAUCLY of Storing ch & Hetastases IMMEDIATE CAUSE (a) CAUCLY of Storing ch & Hetastases IMMEDIATE CAUSE (b) CAUCLY of Storing ch & Hetastases IMMEDIATE CAUSE (c) CAUCLY of Storing ch & Hetastases IMMEDIATE CAUCLY of Storing ch & Het
that the by the it. The y evening	Conditions if new which
requires on. signed sit perm nd in on	gove rise to immediate couse (a), stating the under-
law nysicia beer tran ral, o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES TO NO DEATH
F 00	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICIAN: I or attendir vis certific use as th mation, a	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. gt. While Not white of work at work
DING I hospito After the hed for riol, cre	21. I certify that I attended the deceased fram 1x1/2x 1958, ta July ZR 1958, that I last saw the deceased
ATTEN by the CTOR: detact r to bu	alive on 12 12 12 and that death occurred at 1 M, from the causes and an the date stated above ADDRESS (Street city or lown, state) DATE SIGNED ACTUAL
SPITAL OR A be retained b tERAL DIREC 3 should be sgistrar prior	PHYSICIAN'S Mail P Companies M.D. SOLOUTILO - Str. Waste Lan 120,00
HOSPITA ogy be re rege 3 sh	NAME (Type) 220. BURIAL, CREMATION, 220. DATE THEREOF 220. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) (Stole)
TO HOS may b TO FUN page the re	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE
VII A15 (4) 15M 9/55	Je W= Lels Done Wash. W. C. DATE JUL 3 A 158 Por same



TO HOSPITAL OR ATTENDING PHYSICIAN:
may be retained by the haspital or otten?

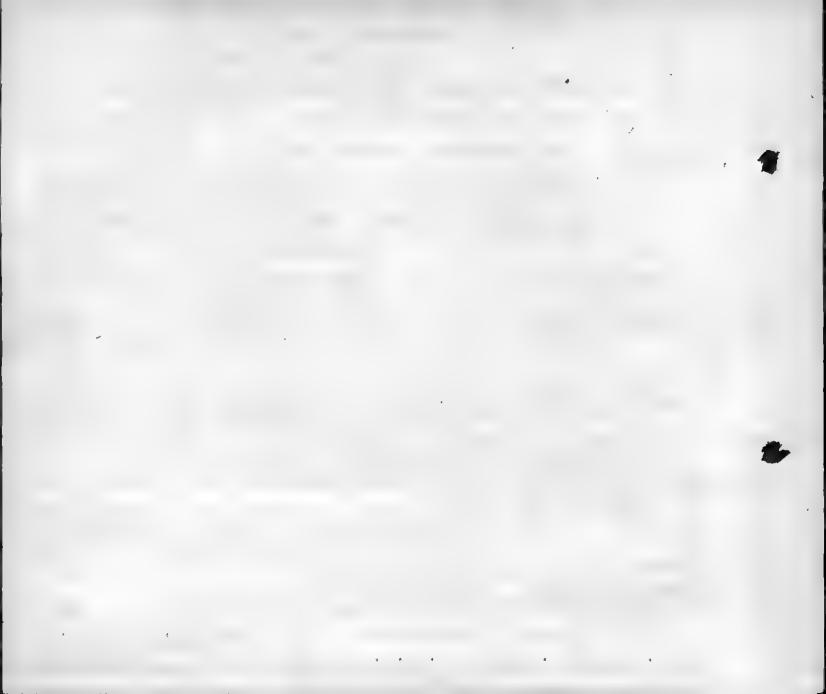
TO FUNERAL DIRECTOR: After this certific
page 3 should be detached for use as the
the registrar prior to buriol, cremation, ar or

VS A15 (4) 15M 9/55

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2011		filled in	ges		_
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Total Control	,	igned by	permit.	aval, and in any event within 72 hours after deathy	
2 2 2	hysician	is been s	al-tronsit	val, and	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

L	CERTIFICATE OF DEATH Reg. Di					" WOOT T
ì.	PLACE OF DEATH O. COUNTY. Frence Slonger	MARYLAND	2. USUAL RESIDENCE (V	Where deceased fived	b. COUNTY D	ce before admission)
	RURAL and give nearest town) Chopsel Hell	OF STAY IN 16	c. CITY OR TOWN (II	outside carporate li	may (ive nearest lawn)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		9148-00	d Fort	200d	o. IS RESIDENCE ON A FARM? YES NO [4]
3	NAME OF DECEASED (Type or print) JANES HE	Middle NRY S	hop TER	4. DATE OF DEATH	Month 7	Day Year 1958
		IVORCED 🔲	5-L- 187	9. AC	GE (In years IF UNDER Day) Months	1 YEAR IF UNDER 24 HRS Days Haurs Min.
L	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSI during most of working life, even if retired) SELFE	EMIPLOYE	d Chapel	HILL	MD. 12 CITI	ZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
L	ALBERT ShORTER		SAPA	th Bro	WN	
15 (Y	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECUR		ASS. CLAP1+	PLUMIN	Address S	TAME -
****	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b),	and (c).]		Λ		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	o-Card	il Inta	return		ONSET AND DEATH
	DUE TO	Janelant				0
	Candilians if any which	O A Carl	Ton - Vand	288	1	han
	gave rise to immediate	<u> </u>		10000		0
	lying cause last.	suni				
CATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	DEATH BAT	NOT RELATED TO THE TER	MINAL DISEASE CON	IDITION GIVEN IN PART	1(a) 19 WAS AUTOPSY PERFORMED? YES NO 1-
CERT FIC	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	JURY OCCURRED	. (Enter nature of injury is	Part I ar Port II af	item 18.]	113 10 4
SAL	20c. TIME OF INJURY Manth, Day, Year 20d, INJURY OCCUR	RED 20e. PLA	CE OF INJURY (Home, far	m. 20f. (City or to	wn) (C	aunty) (State)
1031	Hour a. m. While Not while of work at wark	e fac	tary, street, affice bldg., e	lc.)		
	21. I certify that I attended the deceased from	5-15	, 19 <u>.5.6</u> , to	V-11	., 19 57, that	ast saw the deceased
	alive on 7 9 12 58, and	d that death	occurred at LU'es	PM, from the	causes and on th	e date stated above.
				ADDRESS (Street, o	ily or town, state)	DATE SIGNED
	SIGNATURE Charle 16 tt) of	Tarn 1	1.D. USAN	alace win	, ho	*******
	PHYSICIAN'S RICHOVA) D	onsw	Ba	merdin	e, bel	
22	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME (REMOVAL (Specify)	OF CEMETERY OF	CREMATORY	22d. LOCATION	City, tawn, ar county)	(State)
L	Burial 7-15-58 Chure	ak Cemet	ery	Chapel	Hill.	Md.
l	FUNERAL DIRECTOR'S SIGNATURE ADDRESS		24a. REG	TO BY REGISTRAR	246. REGISTRAR'S SIG	HATURE
٧	ohn T. Rhines & Co. 901 3rd St	t., S. W	DATE	00	in the	uch



CERTIFICATE OF DEATH

08322

		8252	CERTIFIC	AIE OF D	EAIH			Reg. Dist. No	l _e
ī,	PLACE OF DEATH				NCE (Where	deceased in		oni Residence befo	ore admission)
L'	Princ	e Georges	MARYLAND		rict	of Co		3	
			c. LENGTH OF STAY IN 16	e CITY OR TO	WN (If outsi	de corporate	limits, write RI	JRAL and give ne	arest town)
			2 month	Wash	ingto	n		4	47%
	I. NAME OF HOSPITAL (IF	not in hospital, give street	address)	d STREET AD	DRESS				e. IS RESIDENCE ON A FARM?
DESTRICT OF COLUMNIA COLUMNIA (Color of the color of the	YES NO W								
3.	NAME OF	First	Middle	Lost	4,		Mont	th D	ay Yeor
	Type or print)	Julia	В.	Sulliva	n	DEATH	Jul	v8	19 58
5. 5	EX 6. C	OLOR OR RACE 7. MARE	NEVER, MARRIED	8. DATE OF BIRTH		9.	AGE (In years last birthday)		
		INTER CO				4	83 yrs.	MOMINI 0091	HOURS MIN.
10a	. USUAL OCCUPATION (Girduring most of working life	ive kind of work done 10b	KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLA	CE (State or f	foreign count	'ry)	12 CITIZEN	OF WHAT COUNTRY
70			. S. Post O	ffice	Maine			USA	
1)	FATHER'S NAME			14 MOTHER'S N	ALIDEN NAM	NE .			
					ret				
15 (Ye			SOCIAL SECURITY NO 17.	INFORMANT			Addr	*** 117	lilltop
	no		none M	rs. marg	aret	C. Be	11 S	ilver S	prine,
	,	, , , , , , , , , , , , , , , , , , , ,	ne far (a), (b), ond (c).]					INI	ERVAL BETWEEN
		AS CAUSED BY: Ca.	rcinoma of	Breast W	th M	etast	asis		
	170 X	DUE TO to	lung						
		liote DUE TO							
NO.	PART II. OTHER SIG	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO T	HE TERMINA	L DISEASE C	ONDITION GIV	EN IN PART 1(o)	19. WAS AUTOPSY
3									YES NO
SERTIFI	LOR CONTRIBUTING 🗀 CA	AUSE OF DEATH	CRIBE HOW INJURY OCCURR	ED (Enter nature of i	injury in Port	l or Part II	of item 16.)		
ALC			NILIPY OCCUPRED 20e F	LACE OF INJURY IN	ome form	20f (City or	town)	County	(State)
EDIC	Hour a.m.	While	Nat white	octory, street, office I	oldg., elc.)	eor (ciry or	,,,,,,,	(County)	(Jidne)
×		Tur war	2 1 . 1	OER	7	8_104	8		
	- rg rg -	- m (m) ()	co irain.		70		, 19		
	alive on	1720 19	, and that deat	h accurred at					
	ACTUAL X	7/1	01.	222				state)	DATE SIGNED
	SIGNATURE	m60 / W	eno	M.D. 366	u per	eet,	IV = Er a		1/0/1/3
	PHYSICIAN'S Thom	nas F. Coll	lins, M.D.	<u> </u>					
220	BURIAL CREMATION, 2		22c NAME OF CEMETERY	OR CREMATORY	22	d. LOCATIO	N (City, town, o	or county)	(Stote)
~	urial	7/11/1958	Gate-of-H	eaven	S	ilver	Spri	ng. "ar	vland
23	FUNERAL DIRECTOR'S STOR	n /? "						TRAR'S SIGNATU	ЯЕ
13	rancis 100	Allino 3°21-	14thSt.N.W.	Wash.DC	DATE JUL	1 0 .28	Lu	is educat	

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certification been signed by the attending physician and completely filled as by the funeral director. page 3 should be detached for use as the trial-transit permit. Then please remove carbon papers. Pages at should be filled with the registror prior to burief, cremation, at remaval, and in any event within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page A VS A15 (4) 15M 9/55

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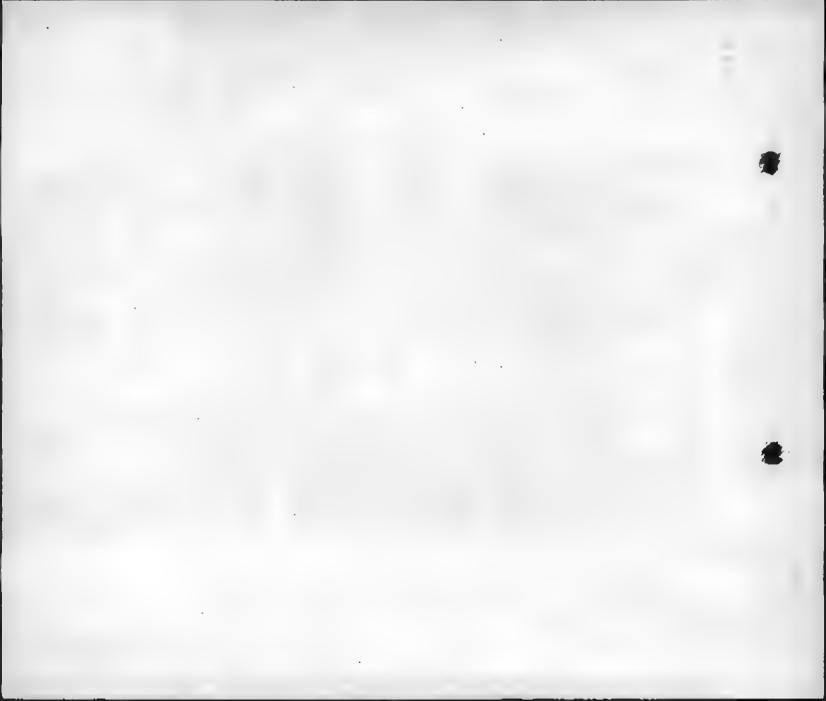
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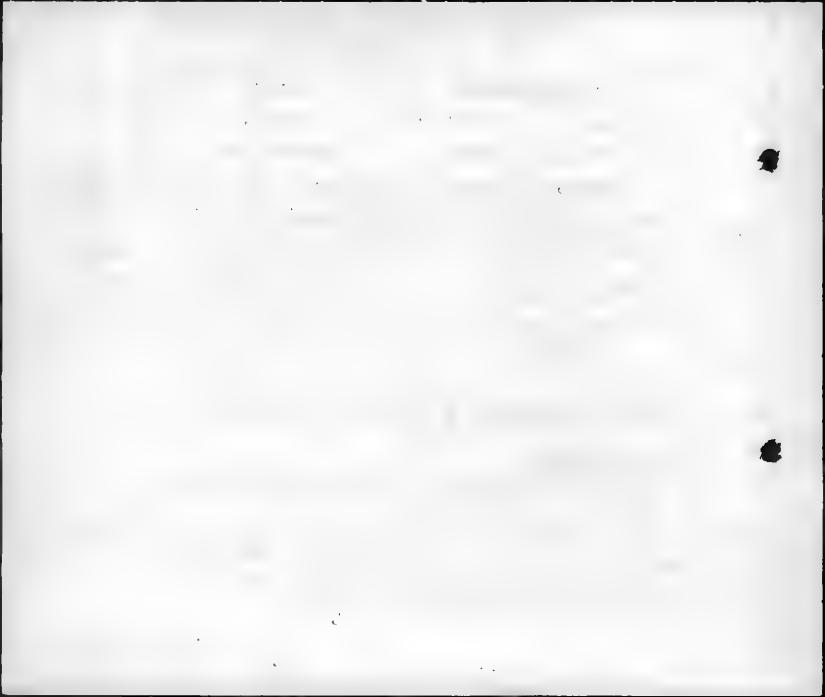
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) ol director. Page of for your files. o. COUNTY **b** COUNTY MARYLAND b. CITY OR TOWN I'll outs do corporate limits. We PURAL U c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside copposale limits, write RURAL and give nearly town) d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street efficess) 1 d STREET ADDRESS IS RE, MET ON A FARM? YES NO 🔀 NAME OF 4 DATE Last Month DECEASED OF DEATH (Type or print) 5. SEX 6 COLOR OR RACE MARRIED [NEVER MARRIED B DATE DE RTH 9. AGE (In year) IF UNDER TYEAR IF UNDER 24 HPS Days Months Hours DIVORCED T WIDOWED [yrs Poge I ond 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State of foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) poges I 3. EATHER'S NAME pencil in Item, 18. Give Pages r's Office olong with form PM3, unial-tronsil permit. File pages 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U STARMED FORCES? DE BOCIAL SECURITY NO 17_INFORMANT Address (if yes, give wor at dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b) and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause ing xaminer **DUE TO** (a), stating the underlying cours last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BE ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? क कि कु YES [NO N 200. EXTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING CAUSE OF DEATH. 20b. DESGRIBE HOW INJUSTY OCCURRED [Enter natural of Anjury in Part I or Part II of Item 14] ef M bould borio 20c. TIME OF INJURY 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f (City or fown) Month, Day, Year (County) (State) factory, street, office bldg , etc.) Not while of work at work 21. I certify that I taak charge of the remains described above, held an Aftopsy Inspection X, Inquiry 2 and in my forwarded to DIRECTOR: opinian death resulted fram: Natural causes | | Accident X Suicide . Hamicide | | Undetermined manner ACTUAL **BATE SIGNED** CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER A P execute the 4 should b 5 FUNERAL EXAMINER'S DEPUTY MEDICAL EXAMINER TX NAME (Type) BURIAL CREMATION 225 DATE THEREOF 22d LOCATION Kity, lown, or county (State) TEMOYAL (Specify) 0 ADDRESS FUMERAL DIRECTOR SASIGNATURE 24o. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATUR VS A15ME

DATE

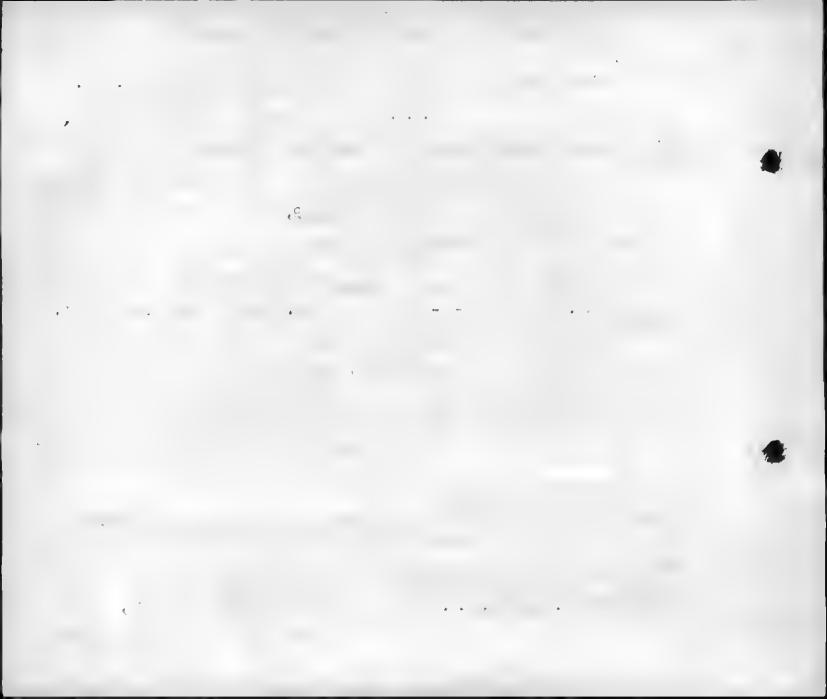
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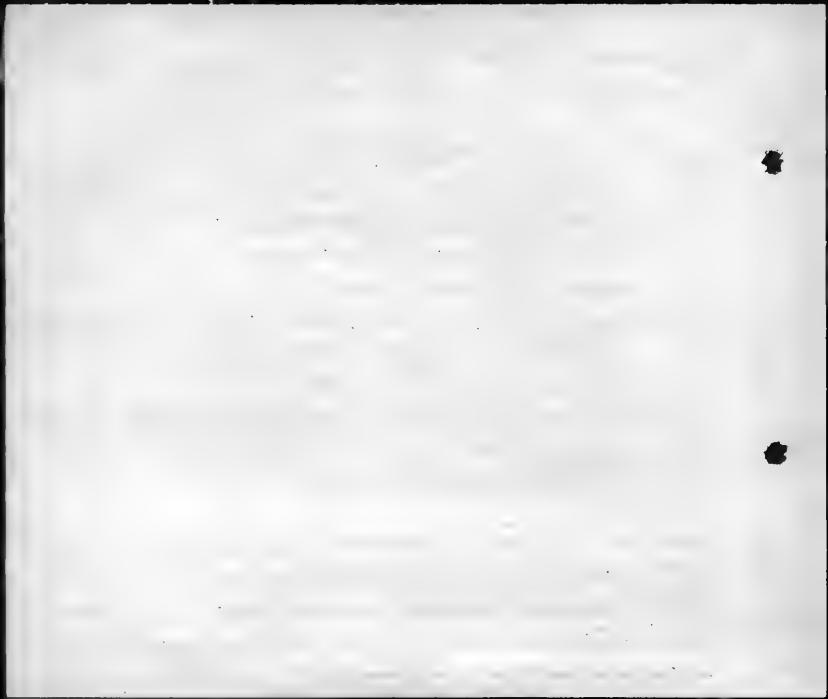
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08324 8304 **CERTIFICATE OF DEATH** Reg. Dist. No. il director, filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY g. STATE b. COUNTY MARYLAND Prince Georges Prince Georges Carlotte Marvlan d b CITY OR TOWN (If outside corporate timits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION Him 90 MH Hwattsville. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO P 6010 h3rd Avenue Prince Georges General 3. NAME OF 4. DATE Middle Month Yeor DECEASED (Type or print) DEATH July 19 Thomas S. SEX 7 MARRIED NEVER MARRIED 9. AGE (in years lost birthday) 6 COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours DIVORCED | WIDOWED | papers. 69 yrs cample 10a. USJAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) bon paper of designation of the 12 CITIZEN OF WHAT COUNTRY? during most of weaking life, even if retired) pup 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2 40 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANI 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying couse last. PART 18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES | NO P 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18.) 20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while of work at work p. m. 21. I certify that I attended the deceased from \triangle , that I last saw the deceased and that death accurred at_____M, fram the causes and an the date stated above. DIRECTOR: det ACTUAL SIGNATURE FUNERAL DIR NAME (Type) the regi 220 EURIAL CREMATION 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d TOPATION ICIN egod (Stote) 0 FUNERAL DIRECTOR'S SUSNATUR 240. REC'D BY REGISTRAR B VS A15 (4) DATE 15M 10/S7



4/1	MARYLAND STATE DEPARTA	NENT OF HEALTH—BALTIMORE, 18
Dean areas	8305 MEDICAL EXAMINER	'S CERTIFICATE OF DEATH 0.5395
FOR STATE HEALTH DEPT>		Reg. Dist No. 020
8 g 🕏 🕷	1, PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) 9. STATE 5. COUNTY 7. COUNTY
Paga And	b. CITY OR TOWN (If cultide corporate 1 fmits, write EURAL C, LENGTH OF STAY IN 11	Maryland Pr. Gee.
ary. Far.	and give negrasi tawn)	
rection of production of produ	d. NAME OF HOSPITAL OR INSTITUTION (If not an hospital, give street address)	Friendly d street appress Te is recipence
Boa Boa	Prince Georges General Hospital	8451 Old Fort Road YES NO D
arh.	3. NAME OF First Middle	Last A DATE Month Doy Year
de la	(Type or print) Charles Julian Th	orne DEATH July 15 1958
ony be	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH P AGE IN YOUR THUNDER TYEAR IF UNDER 24 HRS
P P P P P P P P P P P P P P P P P P P	Male white WIDOWED DIVORCED	August 2. 1912 (fost birthday) Months Days Hours Min
on o	100. USUAL OCCUPATION (Give kind of work done 105. KIND OF BUSINESS OR INDU- during most of working life, even if retired) Carpenter Cunstruction	ISTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Poer d		Maryland
MAS aft	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
hours e Page e Page e pag	Sidney Thorne	Katie Tayler
75.52	[Yes, no, or unknown] [If yes, give war or dates of service]	INFORMANT Address
THE STATE OF THE S	Ies W.W.Z 578-09-2207	Stanley 6. Thorne; same address as # 2.
d will be designed and a second a second and	PART I. DEATH WAS CAUSED BY: Acute hear	thitsyal Bilwith Onset and Death
of, o	IMMEDIATE CAUSE (0)	O TOTAL OF STATE OF THE PARTY O
Afficial in Moving Movi	Gerdiovana	ular disease
ris C	gave rise to immediate couse	The second secon
a po con con con con con con con con con co	(a), stating the underlying DUE TO	
fing the strain of its and its	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(0) 19. WAS AUTOPSY
Second Se	[2]	PERFORMED? YES NO NO
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This work		
Chief.	Hour a.m. While Not while	ACE OF INJURY (Home, farm. 20f (City or lown) (County) (Store)
AIN fing the ge rior		
KAN H to	21. I certify that I took charge of the remains described at	
A E E E E E E E E E E E E E E E E E E E	opinion death resulted fram: Natural causes 11. Accident	. Suicide ., Hamicide Undetermined manner
PEC ed c	ACTUAL VOICE TO PAR O VOICE	CHIEF MEDICAL EXAMINER (
MEE Fee for	SIGNATURE TOMO- I LAUGHLY	ASSISTANT MEDICAL EXAMINER
HA PHA PHA PHA PHA PHA PHA PHA PHA PHA P	NAME (Type) John T. Maleney, M.D.	DERLITY MEDICAL EVALUATED 🖂
Production of the control of the con	220 BURIAL CREMATION, 226 DATE THEREOF 226, NAME OF CEMETERY C	
0 5 4 0 5	Burel July 17-58 Cedar He	Il anotar Suitland many land
VS. ATSME	23. SUNERAL D RECTOR'S SIGNATUSE ADDRESS	240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
5M 2/57	Simmore Brok, 1661- All Hope RS	SE DATE OUL 17'58 We educh
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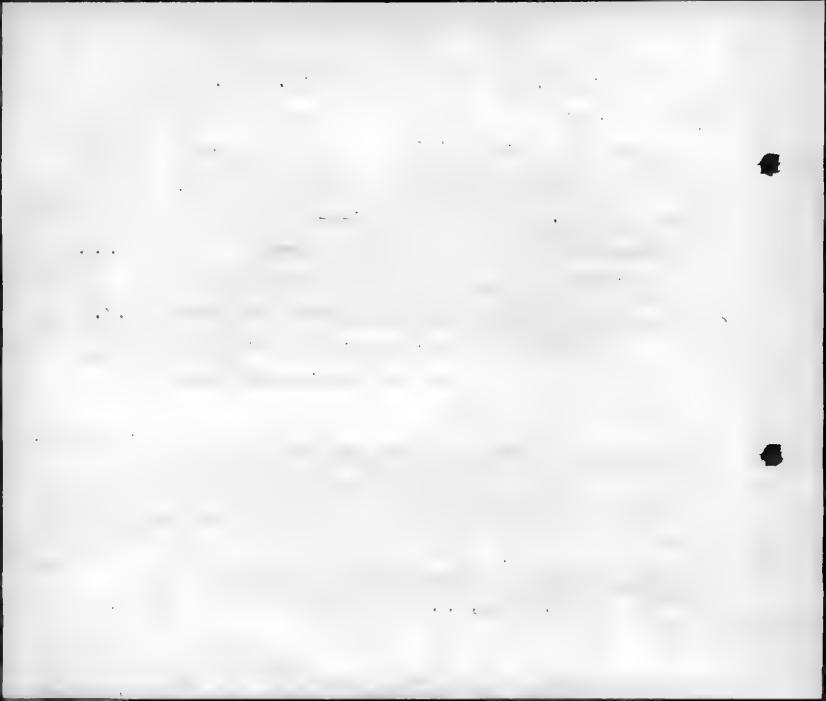


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 8334 Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE [Where deceased lived. If institution: Residence before admission] a COUNTY **b** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (IFoutside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 5 NAME OF First Middle 4. DATE Month DECEASED OF DEATH (Type or print) 19 5. SEX 6. COLOR OR RACE AGE (In years NOER TYEAR IF UNDER 24 HRS 7. MARRIED DE NEVER MARRIED B. DATE OF BIRTH lost birthday) Days Hours DIVORCED [WIDOWED IT yrs. JOG. USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Slote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. PATHER'S NAME 14 MOTHER'S MAIDEN NAME 320 15. WAS DECEASED EVER IN U. S' ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes, give wor or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ULMONAR hour IMMEDIATE CAUSE (a) DUE TO HUPERTENSIVE CARDIO VASCUCAR Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the under-DISEASE lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. [City or town] Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a. n. While Not while at work at work p. m. 21. I certify that I attended the deceased fram, 50 that I last saw the deceased alive an July and that death accorred at_ M, fram the causes and an the date stated above ADDRESS (Street, city or town, state) SIGNATURE PHYSICIAN'S WISCISK NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 23./FUNERAL DIRECTOR'S SIGNATURE/ ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE 158





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) Page a. COUNTY files. Health, o STATE Dist. of Col. b. COUNTY Prince Georges MARYLAND b CITY OR TOWN (it outs de corporate limits, et e EURA) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) your dob Washington Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS . IS RE IDENCE ON A FARM? 1833 Kalorama Road Prince Georges General Hospital YES NO 3. NAME OF Middle Month DECEASED (Type or print) DEATH W4]] i am July 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED TO B DATE OF BIRTH 5. SEX 9 AGE In years IF UNDER TYPAR IF UNDER 24 HES with 5 may 2 with hours test burthday) Months Days Hours WIDOWED [7] DIVORCED [1, 2, and 1. Page 5 m Male 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or largin country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Real Estate U.S.A. Maintenance man 18. Give Pages 3 with farm P.M.3. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Willie Welsh Savannah 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT [If yes, give war as dates of service] Alice Welsh: same address as No. 2. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] group INTER FAL BETWEEN DINSEL AND DEA 1 PART I DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (o) Examiner's Office at d as a berial-transit DUE TO Conditions if any, which Hypertensive eardiovascular disease gave rise to immediate cause DUE TO (a), stating the underlying cause fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO IX 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Fort It of Hem 18.) ef M CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) (County) (Stole) foctory, street, office bldg etc.) While Not while CI PO at work of wark 21. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry forwarded DIRECTOR: opinian death resulted fram: Natural causes 📆, Accident 🗍, Suicide , Hamicide , Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE A Co ASSISTANT MEDICAL EXAMINER **EXAMINER'S** xecute It should FUNERA DEPUTY MEDICAL EXAMINER NAME (Type) John T. Malomey, M.D. 270 BURIAL CREMATION 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (State) REMOVAL (Specify) Rurial 70 Lincoln Memorial Suitland, Maryland 23 EUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240 REC'D BY REGISTRAR 246_PEGISTRAR'S SIGNATURE VS A15ME



		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
		8335 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
FOR STATE	_	Reg. Dist, Na.
HEALTH DEPT.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY (2)
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4 1	7	b CITY OR TOWN at out do corporate limits, mr = suks. c LENGTH OF STAY IN 1b c. CITY OR TOWN (If out do corporate limits, write RURAL and give morest love)
		Chalten week & Chooten Com
\$ 5 Km		d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, awa street address) d STREET ADDRESS e IS RESIT : F
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\$ T	3	NAME OF A First Middle
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d the	5.	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED TO DATE OF BIRTH S AGE 1/2001 LIGUNDER 1/2 AR IF UNDER 24 FRS
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ho Sad	10	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country)
22. de		during most of working life, even if retired) Wareland L, S-B
4-1-1-5	13	FATHER'S NAME 14 MOTHER'S MAIDEN NAME
E 8 2 8 2		Thomas attended to P. D. C. Th. in.
20 0 0 0	1.5	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT
295 E	ĮΥ	is, go, or unknown) (If yes, give war or dates at service)
British and Control of	-	Comment Nov , Dame Cy 2
E Bud	~	18. CAUSE OF DEATH [Enter only one couse per I no for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY: 7 INTERVAL BETY/LEN ONSET AND DEATH
4 4 6 7		IMMEDIATE CAUSE (o) Volume
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o der's		(o), stelling the underlying DUE TO
hour and a		cause fost, (c)
fre s	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
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10.00	CERTIFY	206 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 206 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of Ifem 18)
word orio		CAUSE OF DEATH.
d spiel	3	20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF IN, URY (Home, form, 20f. (City or town) (County) (State,
200 th	WEDICAL	Hour c. m. While Not while factory, street, office bldg., etc.)
A the bound		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my
A Kara		opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
M. M		Top-mon deal restrict from: Advord cubies [2], Accide [1], Monnicide [1], Onderermined monner [1]
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ury ld by	1	EXAMINER'S AMEST ROLD DEPUTY MEDICAL EXAMINER BY QUE 6.1958
50000	22	
should should be	15	DEBUNAL CREMATION, 226 DATE THEREOF 226 NAME OF CEMETERY OF CREMATORY 226 LOCATION (City, 16mn, or coulty) (Stute)
5 , 5	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, REC'D BY REGISTRAR 240, REGISTRAR'S SIGNATURE
VS. A15ME	17	
BM 2/57	1	he Huntt Tune val Home, Waldorf, Md. DATE JUL 9 '58. Welledich
	00	2077214XV5



1 3/	MARYLAND STATE DEPARTME	NT OF HEALTH—BALTIMORE, 18
× - X	8336 CERTIFICA	TE OF DEATH Reg. Dist. No. 8330
director filled with	1. PLACE OF DEATH . COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Pr. Georges
unerol Id be fi	b. CITY OR TOWN (If outside corporate limits, write RUPAL and give nearest lown) Clinton Life	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clinton, Maryland
by the l	d NAME OF HOSPITAL (If not in hospital, give street oddress) RFD # 3, Box. 335.	RFD. # 3, Box. 335
a lifed in	3. NAME OF First Middle [Type or print] Continue	WHITE 4. DATE Month Doy Year OF DEATH July 31st. 19 58
camplefely fill, popers. Pages ath.		DATE OF BIRTH 9. AGE (In years of Days of Days Hours of Days Hours Min.
ond cample on popers.	108 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Truck Farmer	RY 11. BIRTHPLACE (Stote or foreign country) Maryland USA
offer offer	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ysici ove o	Unknown 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 117. INF	Unknown ORMANT Address
op ph 72 h	(Yes, no, or unknown) (If yes, cave war or dates of service)	rence. Ray White Same # 2.
quites into the other ingreed by the otherdill permit. Then pleas	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, If any, which gove rise to immediate couse (o), stoling the under- Tying couse lost.	Taio Sclerosis unhum
physicion as been on-tronsi		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 1 NO FT
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ol or of his cert use os emotion	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED RACE foolo foolo of work of w	E OF INJURY (Home, farm, ry, street, office bldg., etc.) 20f. (City or town) (County) (Stole)
ince by the hospital pired by the posting of the posting of the prior to buriol, or prior to buriol, or prior to buriol, or prior to burior to burior.	ACTUAL SIGNATURE OF CONTIAN MATTER M.	notice of the state of the stat
Se ratain Se ratain 3 should gistror pu	PHYSICIAN'S PAUL C. VAN NATTA	Washington 28, D. C.
moy be reference of the registron	220. BURIAL, CREMATION. 220. DATE THEREOF August 2-58 Bells Cometer:	y Camp Springs, Maryland.
VS A15 (4) 15M 9/55	2000 Hope Research Brethers Washington 20, D	d. SE 240. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE DATE MIG 4 158



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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15M 9755

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8338 CERTIFICATE OF DEATH

08332

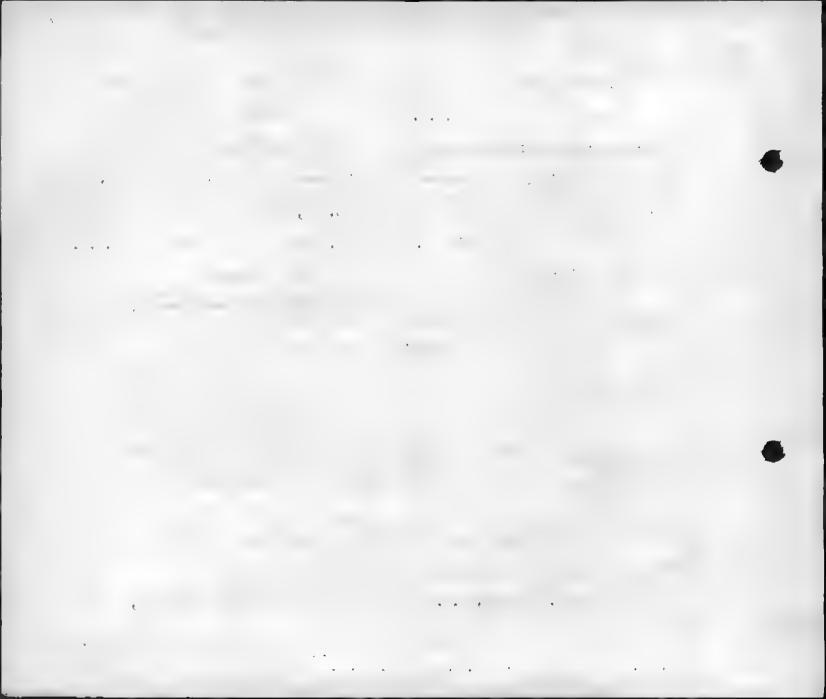
Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) · COUNTY b. COUNTY_ MARYLAND MINCE LANO FrINCE GROMES c. LENGTH OF STAY IN TH c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest towh) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS o. IS RESIDENCE OR INSTITUT ON YES NO DA (17)1 4. DATE NAME OF First Middle 1 oxf Month Year DECEASED OF 19 58 DEATH (Type or print) ATLECIN 9. AGE (In years IF UNDER 1 YEAR 5. SEX & COLOR OR RACE 7. MARRIED TO NEVER MARRIED B DATE OF BIRTH UNDER 24 HRS (git birthday) Months Dovs WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during/most of working life, even if retired) WIFE OUSE 13. FATHER'S NAME UNKNOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per life for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) Conditions, if ony, which pave rise to immediate cause (a), stating the underlying couse lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY PERFORMED? YES NO FI-20d ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF BITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f (City or town) Month, Day, Year 20d. INJURY OCCURRED (Slole) (County) factory, street, office bldg., etc.) Hour o. m. While Not while of work at work JUL 21. I certify that I attended the deceased from, 19 2 Sthat I last saw the deceased and that death occurred at 6:45 h M, from the causes and an the date stated above ADDRESS (Street, city or lown, state) DATE SIGNED COOKST USAF HOSPITAL SIGNATURE PHYSICIAN'S NAME (Type) REWS AF 220 BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) (Stote) MEMOVAL (Specify) 7-20 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REED BY REGISTRAR 245 REGISTRAR'S SIGNATURE

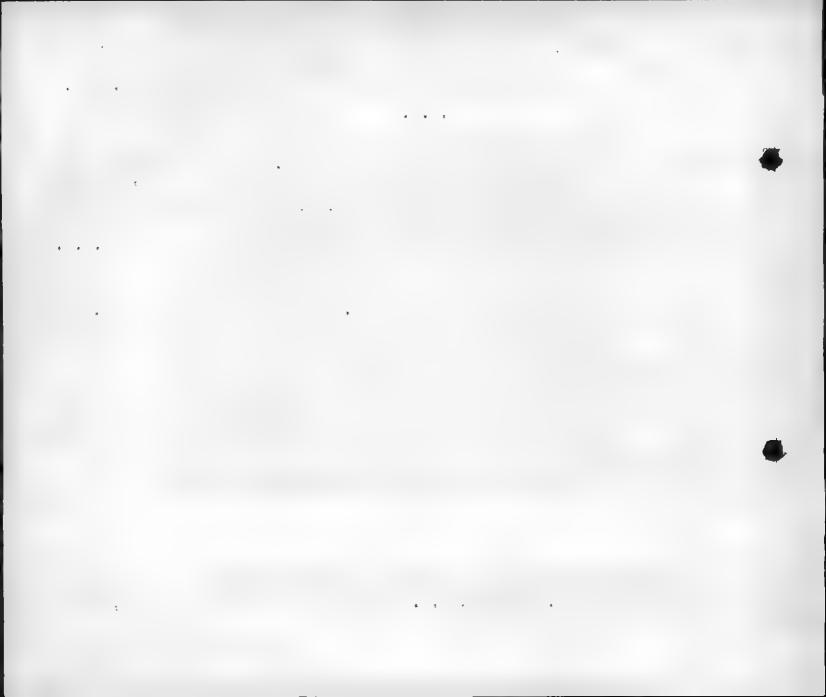
CERTIFICATE

19 JULY 1958: I aprily that Prince Georges coulty corner was contacted and elemented was granted to move Body to Chambers Funeral Home, wash. D. c. AND Further to MEEKS FUNERAL HOME, Office STREET, Johnstown, PENNA. for BURING.

Charles W Slebito Mysyl NCOD - 19 July 58

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE	8308 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 18333
EALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) 5. COUNTY 6.
	Prince Georges MARYLAND O. STATE Maryland b. COUNTY Prince Georges
1 2 2	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ond give nearest town)
of of of	Cheverly D.O.A. X Suitland
5 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ### STREET ADDRESS I RESIDENT ON A FARMS
7 66	Prince Georges General Hospital 4715 2 Summer Road YES NO 2
1 2 3 3	3. NAME OF First Middle Lost 4. DATE Month Day Year DECEASED
er d er d	(Type or print) Luther Warren Williams DEATH July 24, 1950
5 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (th years let birthday) Months Days Haurs Min
E B G B G B G B G B G B G B G B G B G B	MALLE WILLE WIDOWED DIVORCED 1 OEC. 10, 1920 37 yr.
2, or oge ond ond 72 h	100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTR OIL Co. Suitland. District of Celumbia U.S.A.
°± {	
Poges Proges	13. FATHER'S NAME
	Herbert Reiley Elizabet Huber
Give File	15 WAS DECEASED EVER IN U. S. ARMED FORCES? If yes, give wor or dates of sorrice) 16 SOCIAL SECURITY NO. 17. INFORMANT Elizabeth Williams: same address
aif.	No None Les
שר ש	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY:
5 of	IMMEDIATE CAUSE (6) COLIGEBULYS DESTU TELLUTS
fice from	DUE TO
o o o	Conditions, if any, which by gave rise to immediate couse
E 200	(o), stating the underlying DUE TO
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ed car	PERIOPHEN
3 5	YES NO EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part For Part 1) of item 18)
of Section	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 119, WAS AUTOPY PERIOPMED? PERIOPMED? PERIOPMED? YES NO PERIOR 18 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) CAUSE OF DEATH.
bor bor	
\$ G # 5	Hour o. m. White Not white foctory, street, office bldg., etc.)
the the rior	
Po : Po	21. I certify that I taok charge of the remains described above, held on Autopsy . Inspection . Inquiry . , ond in my
ded ded gen	opinion deoth resulted from: Notural couses 1, Accident 1, Suicide 1, Homicide 1, Undetermined manner
11100 M	ACTUAL () () DATE SIGNED
DIS	SIGNATURE 1 5 Lys D - VV alabar 17 - M.D. CHIEF MEDICAL EXAMINER [] ASSISTANT MEDICAL EXAMINER []
TAL Pe	EXAMINER'S'
Should Should its de	
S it	SEMOVAL (Specify)
5	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 17 11th St. 1240 REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE
A15ME	W. W. CHAMBERS CO. S.E., Wash., D.C. DATE JUL 28 '58 Commence
VI 2/57	Date - Date

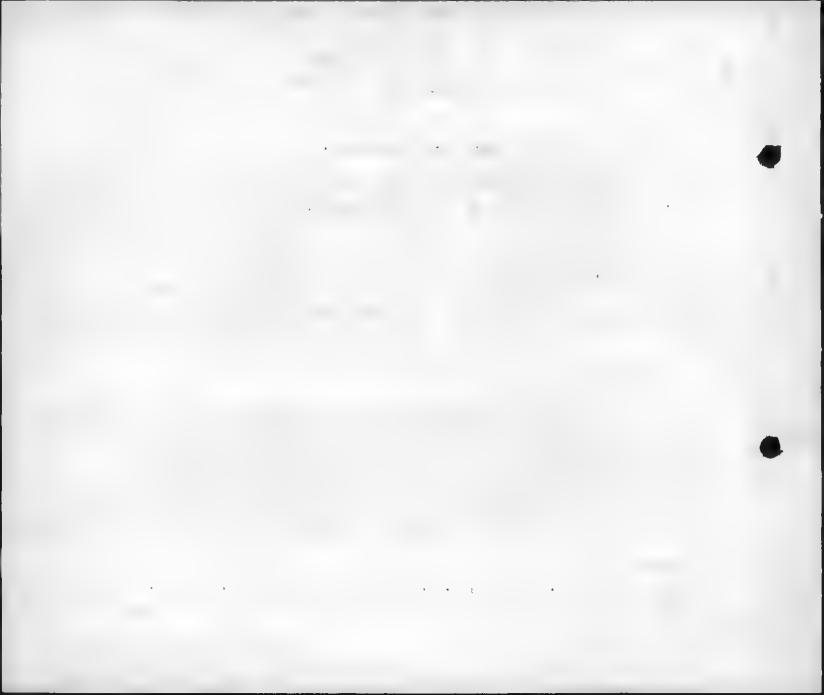


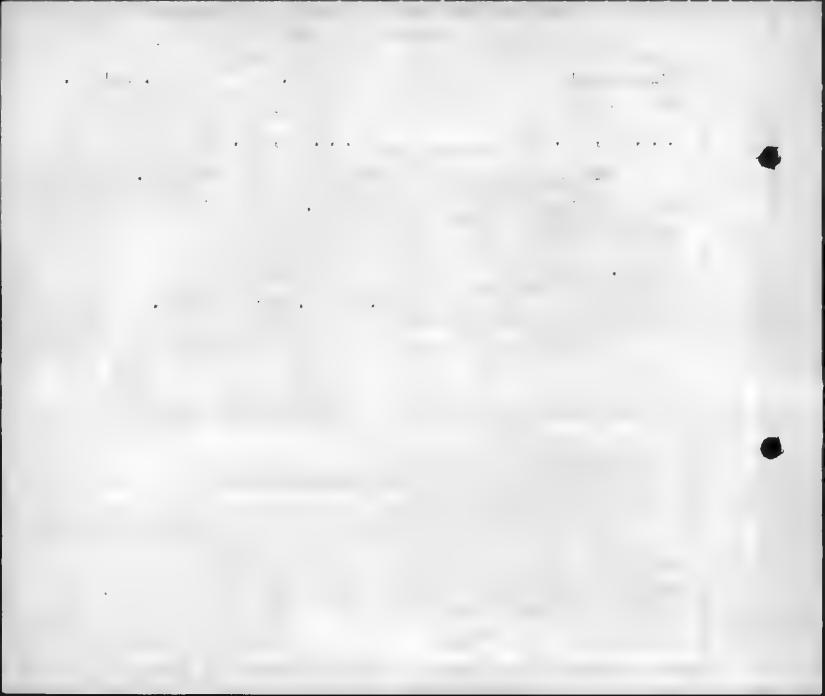


within 24 haurs

physician

HOSPITAL





FOR STATE

HEALTH DEPT. 篇

TO DEPUTY MEDICAL EXAMINER: This certificate should be exactited within 24 haurs ofter death. If any deloy is necessary, please execute the certificate, writing the word "Sending" in pencil in them, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farworded to the Chief Med. Examiner's Office along with form PM3. Page 5 may be rely for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1, and 2 with the Still Board of Health, at its designated agent, prior to burial, cremation, or removal, and in any every within 72 hours ofter death.

VS. ATSME SM 2/57

				CATE OF DEATH				
8238	MEDICAL	EXAMINER 3	CERTIFICA	VIL OI	DLA	R	eg. Dist.	No.
TH			USUAL RESIDENCE	(Where decease	ed lived.	If institution:	Residence	before admir

1. PLACE OF DEATH	Prince Geo	rges	MARYLAN		O. STATE MARY	-	sed lived. If institu		Geo.	rdmission)
b. CITY OR TOWN (I and give repret) four College	l autside carporate limits, writ	-	c. LENGTH OF STAY IN 1		c. CITY OR TOWN (I town)
d. NAME OF HOSPIT		f not in ho	spital, give street address)		d. STREET ADDRESS	48th	Pace			S RESIDENCE ON A FARM? S NO
3. NAME OF DECEASED (Type or print)	Chester		Middle Leroy	Yat		4. DATE OF DEATH	July	8,	Doy	19 58
5. SEX Male	White	WIDOWE		0	et. 31,	1909	9. AGE (In years lost by the by the yes.	Months D	YEAR IF U	NDER 24 HRS.
during most of working	ON (Give kind of working life, even if retired) Ty Man	done 10b.	kind of Business or Ind	USTRY	W. Virg	e or foreign o	country)	12. CITIZ	U.S.	AT COUNTRY
13. FATHER'S NAME Ben Yate	98			1	4. MOTHER'S MAIDEN Hat	tie Mu	rphy			-
15. WAS DECEASED EV (Yes no. er welnown)	ER IN U. S. ARMED FO JIT yes, give war ar dates of				eanor Yates	: same	Address	44 -	2.	
	diale cause		Asphyxia Carbon mon		ide poisoni	ng			INTERVAL II	
PART II, OTI	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BL	JT NO	TRELATED TO THE TERA	MINAL DISEAS	E CONDITION GIV	EN IN PART		RFORMED?
	NTRIBUTING L		enow injury occurred by fu					dering	bed o	cloths.
20c. TIME OF INJU	7-8-58	Whi	INJURY OCCURRED 20e.		OF INJURY (Home, for street, office bldg., etc. Home	c.) !	y or town) lege Pari	(Count		(Stote) Md.
opinion death			remains described o couses . Acciden	国		Homicide	Undete		onner [ond in my
270. BURIAL, CREMATIC		Malon	ey, M.D. 122c. NAME OF CEMETERY Ft Lincoln C	or cr	DEPUTY MEDICAL PENATORY PERSONNEL PROPERTY		TION (City lown, nar Mano	8-58 r,	(5	Stole)
23. FUNERAL DIRECTOR	rs signature sch's Sons	Нуа	ADDRESS ttsville, Md	1.		JUL 1 1		STRAR'S SIGN		

	1	
-0.00	1	>
	V	
-	-	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

R. () 83338

		U Commence of the Commence of			well and the co
1. PLACE OF DEATH O. COUNTY Pr.	George	MARYLAND	2. USUAL RESIDENCE (Who o. STATE D. C	ere deceased lived. If institution b. COUNTY	s: Residence before admission)
b. CITY OR TOWN (If outsid RURAL and give nearest to Avondale		c. LENGTH OF STAY IN 16		ington	RAL and give nearest town)
Carroll Mano	not in hospital, give street	address)	d. STREET ADDRESS 4012 -	1st Pl. S.W	
3. NAME OF DECEASED (Type or print)	inia Ma	Middle R	Zinke	4. DATE Month OF DEATH July	Ath.1958 19
	V. WIDOW	NEVER MARRIED DIVORCED	B. DATE OF BIRTH OF 1. 11, 187		FUNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min.
100. USUAL OCCUPATION (Given by Marking life at home	re kind of work done 10b. , even if retired]	at home	New Yor	or fareign country)	12. CITIZEN OF WHAT COUNTRY?
John Rippe			Mary Jan	e McGuire	
15. WAS DECEASED EVER IN U. (Yes, no. or unknown) (If yes, p)	S. ARMED FORCES? 16.		rs.Dorothea	Leppert- 40	12 - 1st Pl. S.
Conditions, if any, wh gave rise to immedicouse (a), stating the unclying couse last.	S CAUSED BY: DIATE CAUSE (o) DUE TO older- (b) DUE TO (c)	Cerebra	ialized (Thrombosci Outer oscler	
CATK		Chronie	Congos Va	ve Hoart Fa	N IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO
		CRÉBE HOW INJURY OCCURRE	D, {Enter noture of injury in f	'ort I or Port II of item IB.)	
20c. TIME OF INJURY Mor	nth, Day, Year 20d. it While at wor	Not while fo	ACE OF INJURY (Home, form clory, street, office bldg., etc.		(Caunty) (State)
21. I certify that I a alive an ACTUAL	195	Y, and that death			that I last saw the deceased and an the date stated above (DATE SIGNED
PHYSICIAN'S NAME (Type)	A BEEB	3 ACCHUS	Che	oy Chase	Mil
- DESERVIVAL (Speciful	7-11-58	22c. NAME OF CEMETERY OF Vale	R CREMATORY	nd. LOCATION (City, lown, or Schenectady.	9.7 9.9
23. FUNERAL DIRECTOR'S SIGN Lee Funera		ADDRESS 300 -4th St	N.E. D. C. JU	D BY REGISTRAR 24 REGIST	PAR'S SIGNATURE

